



UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities



**UNITED NATIONS
CAMBODIA**



SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

CAMBODIA



COUNTRY REPORT 2021



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COUNTRY REPORT

November 2022

About UNPRPD:

The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) is a unique partnership that brings together UN entities, governments, OPDs and broader civil society to advance the rights of persons with disabilities around the world.

The Partnership was created to foster collaboration between its members and complement their work around disability inclusion through UN Joint programming. The Partnership operates through a Multi-Partner Trust Fund (MPTF) established to channel resources for participating UN organizations (PUNOs).

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC).

The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden, United Kingdom.

Acknowledgements:

This report was written by the UNCT in Cambodia with collaboration from partners including OPDs, UN agencies, and local colleagues. Technical support was provided by the UNPRPD Technical Secretariat throughout the process.

Disclaimer:

The data and information presented in the report are based on the situational analyses conducted at the country level and were drafted by the UN country teams. Methodology for data collection included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises and consultative workshops with key stakeholders. The UNPRPD has not edited the report or verified the findings for accuracy. This report does not necessarily reflect the position of the UNPRPD.

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Acronyms and Abbreviations

ABC	Association for the Blind in Cambodia
ACCESS	Australia-Cambodia Cooperation for Equitable Sustainable Services
ADB	Asian Development Bank
ADD	Action on Disability and Development International
APMBC	Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction
BMZ	German Federal Ministry for Economic Cooperation and Development
CDIDF	Cambodia Disability Inclusive Development Fund
CIM	Competitive Investment Mechanism
CIP	Commune Investment Plan
CBM	Christian Blind Mission
CBR	Community Based Rehabilitation
CDPO	Cambodian Disabled Persons Organization
CIDI	Cambodia Initiative for Disability Inclusion
COVID-19	Novel coronavirus disease
CMAA	Cambodian Mine Action Authority
CRPD	Convention on the Rights of Persons with Disabilities
CSDG	Cambodian Sustainable Development Goal
DAC	Disability Action Council
DAC-SG	Disability Action Council Secretariat General
DAWG	Disability Action Working Group
DDP	Deaf Development Programme
DDSP	Disability Development Services Program
DFAT	Australian Department of Foreign Affairs and Trade
Disability Law	Law on the Protection and the Promotion of the Rights of Persons with Disabilities
DoSVY	District Office of Social Affairs, Veterans Affairs and Youth Rehabilitation
DRA	Disability Rights Administration
DRIC	Disability Rights Initiative Cambodia
DRR	Disaster Risk Reduction
DWPD	Department of Welfare for Persons with Disabilities
ERW	Explosive Remnants of War
GBV	Gender-based violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German International Cooperation)
HEF	Health Equity Fund
HI	Humanity & Inclusion
IDPoor	Identification of Poor Households Program
IO	International Organization
IOM	International Organization for Migration
LFTW	Light for the World
MoEF	Ministry of Economy and Finance
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
Mol	Ministry of Interior
Molnf	Minister of Information
MoJ	Ministry of Justice

MoLVT	Ministry of Labour and Vocational Training
MoND	Ministry of National Defense
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans Affairs and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
NAPVAW3	National Action Plan to Prevent Violence Against Women 2019-2023
NCDD	National Committee for Sub-National Democratic Development
NCDM	National Committee for Disaster Management
NCDP	National Center for Disabled People
NDSP1	<i>National Disability Strategic Plan 2014-2018</i>
NDSP2	<i>National Disability Strategic Plan 2019-2023</i>
NIS	National Institute of Statistics
NISA	National Institute of Social Affairs
NISE	National Institute of Special Education
NGO	Non-governmental organization
NPCC	National Paralympic Committee of Cambodia
NSDP	National Strategic Development Plan
NSPC	National Social Protection Council
OIC	Organization to Improve Communication and Swallowing Therapy Services in Cambodia
OPD	Organization of Persons with Disabilities
PoSVY	Provincial Office of Social Affairs, Veterans and Youth Rehabilitation
PPCIL	Phnom Penh Center for Independent Living
PFMR	Public Financial Management Reform
PWDF	Persons with Disabilities Foundation
RCI	Residential Care Institution
RGC	Royal Government of Cambodia
SCIAC	Spinal Cord Injury Association of Cambodia
SDG	Sustainable Development Goal
SED	Special Education Department
SHG	Self Help Group
SPPF	National Social Protection Policy Framework 2016-2025
TPO	Transcultural Psychosocial Organization
UHC	Universal Health Coverage
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOHCHR	United Nations Office of the High Commissioner for Human Rights
UNPRPD	United Nations Partnership to Promote the Rights of Persons with Disabilities
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
VRG	Village Representative Group
WWDF	Women with Disabilities Forum
WHO	World Health Organization

Executive summary

According to the 2019 General Population Census, 4.9 per cent of Cambodians (689,532 people) over the age of five reported some “difficulty”.¹ In comparison, the 2014 Cambodia Demographic and Health Survey reported that approximately 9.5 per cent of Cambodians over five years of age reported some form of disability.² Disability was found to be higher for females (5.5 per cent) as compared to males (4.2 per cent). The disability rate is higher in rural areas (5.3 per cent) as compared to urban areas (4.2 per cent).³ The 2019 disability rate increases as age increases, rising from 1.2 per cent for the population aged 5-14 years to 25.6 per cent for the population aged 60 years and above. A slight increase in the disability rate starts in the 15-34 years age group (1.4 per cent), rising to 5.2 per cent for the population aged 35-59 years. The proportion of the population with a disability in seeing (3.6 per cent) is the highest that is observed for the different types of disability. The other types range from 2.3 per cent with a disability in self-care and communication, to 2.9 per cent with a disability in hearing.⁴

The COVID-19 pandemic threatens all members of society, but many persons with disabilities face inequalities that leave them more exposed. These inequalities, which are heightened for women and girls with disabilities, arise from multiple barriers such as stigma, inaccessibility of infrastructure, transport and information, and the lack of inclusive public policies and services. Challenge of overcoming the broader impacts of the pandemic on the rights and wellbeing of persons with disabilities and their access to services and supports will require commitment and creativity from all stakeholders, including but not limited to government agencies, UN agencies and other development partners, IOs, NGOs, the business sector, and civil society. Most importantly, persons with disabilities must be at the center of recovery planning.

The seven key impacts of the COVID-19 pandemic on persons with disabilities identified through consultations with OPDs, other persons with disabilities, representatives of government ministries and agencies, UN agencies and other development partners, IOs and NGOs provide the basis for developing a focused recovery plan, aligned with the NDSP2, to alleviate the impacts on: livelihoods and economic security; access to health and rehabilitation services; mental health; access to education and training; accessibility and availability of services and supports; gender-based violence against women and girls and older persons with disabilities; and, accessible information for persons with diverse disabilities, older persons with disabilities, and persons with disabilities living in remote areas.

The United Nations (UN) System in Cambodia is actively supporting the RGC in its efforts to combat the impacts of the global COVID-19 pandemic. In addition to the health sector, several UN agencies are focusing on the secondary impacts of the outbreak and contributing specific sectoral support to the operationalization of the Master Plan.⁵

Cambodia has an extensive policy framework that has the potential to support post-COVID recovery that is inclusive of persons with disabilities. However, understanding on disability inclusion remains limited at the national and sub-national level. The forthcoming adoption of a new disability law (expected in 2022) that will reflect the rights-based approach of the Convention on the Rights of Persons with Disabilities (CRPD) will lay a solid foundation for future action. The *National Disability Strategic Plan 2019-2023* (NDSP2) also provides a strong framework for action across all ministries

¹ *General Population Census of the Kingdom of Cambodia 2019: National Report on Final Census Results*, National Institute of Statistics, Ministry of Planning, October 2020, p. xii [General Population Census]

² *Cambodia Demographic and Health Survey, 2014*

³ General Population Census, p. 98

⁴ General Population Census, p. 100

⁵ United Nations, Cambodia, *Covid-19 Response: Preparedness and Response – The Contribution of the UN System*, 28 April 2020.

and agencies at the national and sub-national level. Furthermore, there are already Disability Action Working Groups (DAWG) in line Ministries, and provincial Disability Action Councils (DAC) to support national and sub-national responses.

The vision of the NDSP2 is that “persons with disabilities and their families have a good quality of life and participate fully and equally in a society which respects their rights and dignity and is inclusive of disability in all sectors and in development.” The NDSP2 includes two objectives, three purposes and nine strategic objectives.

Objectives:

- Improve the quality of life of persons with disabilities and their families, through respect for dignity, independent living and wellbeing
- Promote equality before the law, access to justice, freedom from torture, exploitation, and violence, provide emergency redress and promote equality for women with disabilities, children with disabilities, and persons with diverse disabilities.

Purposes:

- Provide social support, rehabilitation, education, sport, vocational training, employment, career and other services and opportunities to persons with disabilities
- Improve accessibility to the physical environment, public transportation, and knowledge, information and communication
- Empower persons with disabilities through participation in political life and all decision-making activities.

Strategic objectives:

1. Increase employment and economic security
2. Increase access to health care and rehabilitation services
3. Provide access to education and technical and vocational training
4. Improve accessibility
5. Increase equal participation of persons with disabilities
6. Increase access to justice, rights and freedoms
7. Ensure gender equality
8. Reduce risks and impacts caused by disasters
9. Strengthen cooperation at national and international levels and ensure that data and statistics on disability are reliable and comparable.

Although DAC and RCG capacity has been significantly increased in recent period implementation of NDSP 2 still faces many challenges. There is a lack of available information regarding budgets and lack of proper monitoring and evaluation mechanisms. In addition, coordination and achieving synergies represent an obstacle with so many stakeholders working in this area. Challenges also remain in the effective mainstreaming of disability into broader policies and plans. There is still much work to be done to build capacities of government officials, local authorities, other service providers, and the business sector at the national and sub-national level to ensure effective disability-inclusion in all responses to the pandemic, and importantly in the implementation of laws, policies and plans.

The RGC takes responsibility for the provision of health, rehabilitation, education and vocational training, social protection, and other services and supports for the people of Cambodia, including Cambodians with disabilities. However, it should be acknowledged that many of services and supports needed by persons with disabilities, particularly at the community level, continue to be provided or supported by non-governmental organizations (NGO), international organizations (IO), and Organizations of Persons with Disabilities (OPD). The important role of NGOs, IOs and OPDs in the delivery of some services and supports, in collaboration and coordination with government authorities, will likely remain for the foreseeable future.

Persons with disabilities, particularly those in rural and remote areas, faced many barriers and challenges in their daily lives, even before the COVID-19 pandemic, such as: poverty and unsustainable livelihoods; discrimination and negative attitudes; limited access to age and gender-appropriate services, information and education; inaccessibility of physical infrastructure; and a lack of reasonable accommodations. Some of these barriers and challenges have been intensified by the pandemic.

Disability movement in Cambodia is vibrant and has a network throughout the country. Umbrella organization CDPO and its network cover most of the country and has a good reputation and relations with local OPDs. The capacity to implement initiatives and projects with international partners is relatively high. However, recent Covid 19 developments threaten to undermine this as OPDs reported worsening of the situation for persons with disabilities particularly regarding the loss of income, increased costs, inability to receive services (e.g. health, rehabilitation), access to social protection schemes, deteriorating situation with regards to mental health, increase level of violence etc. Some OPDs reported lack of basic food for the poorest persons with disabilities.

Both OPDs and Government lack capacity to ensure meaningful participation of persons with disabilities in development, implementation and monitoring of policies, laws and strategic plans. Consultations are carried out in cases where disability rights and services are directly addressed (e.g. laws, sub decrees, parkas dealing with specific issues of PwD) but more general policies often lack meaningful participation and are not disability inclusive. Gaps exist in OPDs' capacity to advocate for interest of persons with disabilities, monitor implementation of policies and improve access to information, services (e.g. employment, skills development, health), justice and social protection. OPDs are not properly included (if at all) in discussions on Climate Change Adaptation and Disaster Risk Reduction and lack knowledge, capacity, and awareness to have a meaningful participation.

Understanding on disability inclusion remains limited at the national and sub-national level. The forthcoming adoption of a new Disability Law that will reflect the rights-based approach of the CRPD will lay a solid foundation for future action. The consultation process on the new law provides for opportunity to increase the participation of person with Disabilities and OPDS as well as better understanding of state administration and general public about rights of Persons with Disabilities about disability inclusion. According to DAC, it is expected that the new Disability Law will be on the agenda on National Assembly by the end of 2022. The NDSP2 also provides a strong framework for action across all ministries and agencies at the national and sub-national level. Furthermore, there are already DAWGs in line Ministries, and provincial DACs to support national and sub-national responses. DAC is currently preparing draft reports guidelines and format for the reporting of NDSP 2 for the line ministries which would serve as a monitoring mechanism. NDSP will be subject to mid-term and final review. DAC is also in the process of recruiting a technical assistance for the preparation of the 1st report on CRPD implementation progress.

Limited capacities and systems to identify people with all types of disability and their needs is impacting on the ability of the RGC to identify gaps in the availability of services and supports for persons with disabilities. UN agencies and other development partners are supporting the development of tools and building capacities to improve data collection, but more focus is needed outside of target provinces. Comprehensive disaggregated data would also assist the efforts of CDPO and other OPDs with national and local authorities to advocate for more attention to address gaps in addressing the rights and needs of women, girls, boys and men with disabilities, wherever they may live.

Persons with disabilities living in more remote or less developed provinces benefit less from available services and implementation of laws. Local police force, judicial system, education and health centres are less sensitive about rights of persons with disabilities and have limited capacities to carry out their work (limited budget, lack of transportation means, human resources and technical expertise). Lack

of information and/or accessible information is one of the main barriers for inclusion and meaningful participation for persons with disabilities and OPDs. In addition, lack in access to information prevents persons with disability in accessing services, participating in consultations, policy-making and decision making processes.

There is a limited implementation of national legislation (e.g. Disability law), strategies and guidelines related to accessibility which hinders inclusion of persons with disabilities. Limited access to physical infrastructure, transport and accessible information is significant barrier for persons with disabilities participation in community life, in accessing services, justice, participation in economic activities and decision making.

Implementation of social protection programs, including provision of social assistance is limited and cannot reach majority of persons with disabilities due to limited capacities of the RGC and OPDs and lack of financial resources. Hence, many persons with disabilities are left out from benefiting from ongoing cash transfer programme (of around 700 000 persons with disabilities according to last Census data only between 60.000-100,000 are receiving cash transfers) during COVID pandemics. Procedures, mechanisms and implementation systems of social protection schemes is cumbersome, complicated, costly and difficult to access for persons with disabilities

There is no comprehensive mapping of the types of services available and to whom, the coverage of each type of service, funding, affordability, and what services are missing. Consequently, there is a lack of coordination and synergy between NGOs (service providers), RCG and OPDs regarding the services available to persons with disabilities.

Marginalized groups -Persons who are deaf, blind or have psychosocial disabilities are more vulnerable compared to other disability groups due to unavailability of appropriate infrastructure, services, equipment, access to information and limited participation/representation. Specific services for marginalized groups of persons with disabilities are scarce and limited to few urban centres. For example, sign language, skills training and job opportunities for deaf people are only available in limited areas. Due to their inability to communicate persons who are deaf are reluctant to leave their places of residence and family even if the costs are covered. Out of estimated 60 000 deaf people in Cambodia only around 2000 can use/understand sign language. Health system is still ill-equipped to deal with the demand to address mental health conditions for persons with psychosocial disabilities.

Women with Disabilities -Women with disabilities are particularly disadvantaged and face higher levels of discrimination due to low level economic empowerment, loss of income followed by loss of self-confidence as a consequence of Covid-19, inability to participate in economic life on equal terms, inability to provide proper care and education for their children, limited access to health services and hygiene products and low participation in decision making. Women with disabilities are less likely to receive education and access services than man with disabilities. This prevents them in getting proper employment opportunities and hinders their economic empowerment. They are more vulnerable to domestic violence and in accessing health (particularly maternal health), counselling, support and assistance services for victims of violence.

Women with Disabilities Forums lack capacity to properly address some of the women specific challenges particularly related to women economic empowerment, social protection and leadership/skills development.

Recommendations

In close consultation with OPDs (as a primary stakeholders) and national and international stakeholders across the country and taking into consideration current political, economic and development environment in Cambodia the following 13 recommendations have been proposed:

Recommendation 1 -Develop a central mechanism to collect, store and analyze information collected at the provincial/district/commune level by local authorities, OPDs and other stakeholders

Recommendation 2 – Undertake a comprehensive situation analysis and needs assessment that covers all provinces of Cambodia

Recommendations for future programming contributions

Recommendation 3-Undertake and facilitate capacity development efforts aimed at strengthening national and subnational coordination mechanisms for increased coverage of persons with disabilities with social protection schemes across the country and stimulating dialogue towards more disability inclusive social protection policy.

Recommendation 4 -Enhance capacity of OPDs including women-specific OPDs - (Women with Disability Forums- WWF) and RGC to ensure meaningful participation of persons with disabilities in development, implementation and monitoring of policies. Women-specific OPDs - (Women with Disability Forums- WWF) capacity should be strengthened to empower women with disabilities to lead, gain self-confidence, develop and improve skills and actively participate in economic development process

Recommendation 5- Provide support to OPDs and RGC (national and provincial including judiciary) and other stakeholders (e.g. private sector) in advocacy, monitoring of policies and enhancing access to information, justice and employment for all groups and types of persons with disability.

Recommendation 6-Support the creation of local associations (and eventually national) of persons who are deaf or have hearing impairment to secure that they are fully represented in the Cambodia's disability movement and strengthen their capacity to influence decisions and advocate for their interest.

Recommendation 7– Support the creation of a Cambodia-wide network to bring together OPDs and NGOs to facilitate capacity building and the sharing of information and experiences and services available

Recommendation 8– Support implementation of the COVID-19 Recovery Plan to address the impact on the rights and wellbeing of persons with disabilities and their access to services and include OPDS in recovery and response committees.

Recommendation 9: Explore options for a grants program to fund the delivery of services and supports by OPDs and national NGOs in all provinces of Cambodia

Recommendation 10: Strengthen the capacity of all agencies within the UNCT to align UN programmes and policies in Cambodia with national priorities under National Disability Strategic Plan 2 (NDSP 2) and UN Disability Inclusion Strategy

Recommendation 11- Increase the capacity of RGC, UNCT and OPDs to monitor NDSP 2 implementation and budget UN Disability Inclusion Strategy

Background

According to the 2019 General Population Census, 4.9 per cent of Cambodians (689,532 people) over the age of five reported some “difficulty”.⁶ In comparison, the 2014 Cambodia Demographic and Health Survey reported that approximately 9.5 per cent of Cambodians over five years of age reported some form of disability.⁷ Disability was found to be higher for females (5.5 per cent) as compared to males (4.2 per cent). The disability rate is higher in rural areas (5.3 per cent) as compared to urban areas (4.2 per cent).⁸ The 2019 disability rate increases as age increases, rising from 1.2 per cent for the population aged 5-14 years to 25.6 per cent for the population aged 60 years and above. A slight increase in the disability rate starts in the 15-34 years age group (1.4 per cent), rising to 5.2 per cent for the population aged 35-59 years. The proportion of the population with a disability in seeing (3.6 per cent) is the highest that is observed for the different types of disability. The other types range from 2.3 per cent with a disability in self-care and communication, to 2.9 per cent with a disability in hearing.⁹

Women, girls, boys and men with disabilities, particularly those in rural and remote areas, faced many challenges in their daily lives, even before the COVID-19 pandemic. Challenges faced include: poverty and unsustainable livelihoods; discrimination and negative attitudes from all levels of society; limited access to appropriate services, information and education; inaccessibility of physical infrastructure; limited access to appropriate services, including specialized education for adults and children with severe disabilities, sensory disabilities, and/or intellectual disability; limited services for older persons with disabilities; lack of access to up-to-date knowledge for parents about disability, how to raise a child with a disability, or their rights, or where to go for advice and assistance; and, challenges in accessing higher education and employment opportunities for youth with disabilities.

However, it is important recognize that not all persons with disabilities are vulnerable or equally disadvantaged. People who are deaf or hard of hearing, people with sight impairment, and people with intellectual and psychosocial disabilities are particularly disadvantaged. People with intellectual and psychosocial disabilities often face significant discrimination from both within the family and the community, which can prevent them from receiving the services they need. They can be left alone for long periods of time with no support if all family members are engaged in economic activities. In addition, they can face discrimination in access to an Identification card and other legal documents because of their impairments. It is widely agreed that there is a lack of appropriate services to meet the needs of people with intellectual and psychosocial disabilities, which if available, could enable them to participate fully and positively in the lives of their families and communities.

In 2019, the Cambodian Disabled Persons Organization (CDPO) surveyed 4,304 persons with disabilities in Phnom Penh and in the provinces of Kampong Cham, Kampong Speu, Tboung Khmum, Kampot, Kratie, Battambang and Pailin. The survey found that over 60 per cent of people interviewed are living below the poverty line, they must travel 50 per cent further to receive basic services, and more than 60 per cent of children with disabilities are unable to attend school.¹⁰

The *National Strategic Development Plan 2019-2023* (NSDP) acknowledges that persons with disabilities, especially those who are poor, face social discrimination and may suffer from physical and financial difficulties that prevent them from accessing health services, education, and vocational

⁶ *General Population Census of the Kingdom of Cambodia 2019: National Report on Final Census Results*, National Institute of Statistics, Ministry of Planning, October 2020, p. xii [General Population Census]

⁷ *Cambodia Demographic and Health Survey, 2014*

⁸ General Population Census, p. 98

⁹ General Population Census, p. 100

¹⁰ “CDPO announces plan to compile data on disabled”, *The Phnom Penh Post*, 11 September 2019

training. This limits the ability of persons with disabilities to contribute to increasing productivity in the economy or to benefit from economic growth in Cambodia.¹¹

Children from poor households are at increased risks of being abandoned, often because of limited services in the community that can provide in-home and respite care, as well as community-based rehabilitation (CBR). In Cambodia, children with disabilities placed in residential care institutions (RCI) are often abandoned in hospitals, clinics or in the street without known parents, which limits family reintegration and kinship care opportunities. Children with disabilities in RCIs are particularly vulnerable and excluded from participation in community life.

Women and girls with disabilities face many challenges in their efforts to improve their daily lives. Not only do they face the discrimination typically experienced by women in Cambodian society, which continues to perpetuate gender stereotypes, they also face the discrimination and negative attitudes commonly experienced by persons with disabilities. Women and girls with disabilities typically have fewer opportunities to access health care and education, and to participate in activities to improve their livelihoods, including employment. Women and girls with disabilities are sometimes perceived as less valuable, they are less likely to marry, and may be seen as a burden who needs to be looked after by their family. Women and girls with disabilities also have limited opportunities to participate in community development activities.

Women and girls with disabilities also have increased vulnerability to physical, emotional, and sexual violence. Many women and girls with disabilities have limited access to appropriate information on rights and services relating to sexual and reproductive health due to a lack of recognition of their sexual and reproductive health needs and rights. Protective attitudes of family members sometimes prevent women and girls with disabilities from achieving their full potential, as they will often be kept at home for their own 'protection'. Because of Cambodian culture, women and girls are more likely to be reluctant to demand their rights as compared to men and boys with disabilities.

Persons with disabilities and diverse sexual orientation, gender identity, expression and sex characteristics in Cambodia may experience higher levels of prejudice, discrimination, exclusion and violence than others with disability. However, no known research has been undertaken in Cambodia on this issue.

Another key challenge affecting the daily lives of adults and children with disabilities is limited understanding of their rights and capacities. There is also a lack of understanding on the meaning of a rights-based approach and disability-inclusion within their families, communities, and local authorities.

In March 2020, the World Health Organization (WHO) declared the outbreak of a novel coronavirus disease (COVID-19) to be a worldwide pandemic. The COVID-19 pandemic threatens all members of society, but many persons with disabilities face inequalities that leave them more exposed. These inequalities, which are heightened for women and girls with disabilities, arise from multiple barriers such as stigma, inaccessibility of infrastructure, transport and information, and the lack of inclusive public policies and services. Many persons with disabilities are dependent on support for their daily living and may find themselves isolated during lockdown measures. Already existing barriers faced by persons with disabilities in accessing health services and information are intensified with the pandemic. Persons with disabilities also continue to face discrimination and other barriers accessing employment and income support, in accessing online education, and in seeking protection from violence.

¹¹ *National Strategic Development Plan 2019-2023*, p. 85

The overarching goal of the Royal Government of Cambodia's (RGC) Master Plan for COVID-19 has been to control transmission, as well as to mitigate the health, social and economic impacts in Cambodia.

Purpose of analysis

The purpose of this report is fourfold:

- To provide a high level analysis of the legislative and policy context regarding disability, budget allocation, use of data and mainstreaming of disability across critical sectoral areas in Cambodia.
 - To engage relevant stakeholders, including OPDs, to gain a high level understanding of critical issues, policies, gaps and opportunities and build a base of mutual understanding to bring into future co-design of programs for persons with disabilities, or programs that are inclusive of persons with disabilities.
 - To understand the impact of the COVID-19 pandemic on the rights and wellbeing of persons with disabilities in Cambodia and their access to services and supports.
 - To provide an evidence-based disability rights perspective to support COVID-19 recovery planning, both during and after the pandemic.
-
- Introduction to disability in country

Approach

Guiding principles

In undertaking this analysis and assessment, all activities have been guided by the principles outlined in Article 3 of the CRPD to promote the human rights of all persons with disabilities, such as: respect for inherent dignity and independence of persons; non-discrimination; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; equality between men and women; and respect for the right of children with disabilities to preserve their identities. In particular, this project sought to promote the full and effective participation and inclusion of persons with disabilities, including the most marginalized groups of persons with disabilities, in the collection and analysis of information. Gender and human rights-based approaches have been central in undertaking the analysis and assessment of the impact of the COVID-19 pandemic on the wellbeing of persons with disabilities and their access to services and supports.

Methodology

The following methodology was used to develop the national situational analysis and assessment of the impact of the COVID-19 pandemic on the rights and wellbeing of persons with disabilities and their access to services and supports:

- Desk review of relevant literature, including policies and programs, formal and non-formal data and sources of information, and COVID-19 rapid needs assessments.
- Consultations with representatives of relevant government ministries/agencies.
- Key informant interviews with CDPO in Phnom Penh and OPDs in the provinces, relevant UN agencies, donors, NGOs, individuals with disabilities, and other key stakeholders, including those implementing programs and projects in various provinces.
- Focus groups with persons with disabilities and parents of children/youth with disabilities in three provinces.
- Stakeholder mapping.
- Consultative workshops with key stakeholders, including CDPO and other OPDs, to present preliminary findings and collect additional inputs to finalize analysis and assessment.¹²

¹² See Annex 1 for schedule of consultations and focus groups

Scope and limitations

The analysis and assessment is intended to provide information to enhance understanding of priorities, issues and areas to improve the wellbeing of persons with disabilities which may require further analysis, investment and effort, and to inform future analysis and programming. As such, the analysis does not cover all the rights of persons with disabilities outlined in the CRPD, nor does it go into great detail in any one area.

COVID-19 restrictions, including travel restrictions, changed the way in which the project was implemented and resulted in significant limitations in the collection of information for the analysis and assessment, and the limited availability of key informants due to competing priorities. All key informant interviews were conducted remotely, either by Zoom conference or telephone. To limit the risk of spreading COVID-19, focus groups were only conducted in three provinces. The impact assessment is therefore not fully representative of all persons with disabilities in Cambodia, particularly those living in more remote provinces who are likely to have more difficulties in accessing and exercising their rights. In addition, persons who are deaf and or have psychosocial disability or their representatives did not take part in the focus groups due to problems with logistics and translation.

A key limitation to the assessment of the impact of the COVID-19 pandemic on the rights and wellbeing of persons with disabilities and their access to services and supports has been a reliance on data collected by other stakeholders. In addition, the lack of disability disaggregated data, due to delays in the release of survey findings, together with COVID-19 restrictions, made it difficult to carry out an evidence-based assessment of the impact of the pandemic.

Findings

Stakeholder and coordination analysis

Government stakeholders

At the national level, key ministries and agencies play an important role in coordination, planning, capacity building, monitoring and evaluation, and in implementing COVID-19 recovery activities.

The lead ministry on disability is the **Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)** which has the overall responsibility of ensuring the welfare and wellbeing of adults and children with disabilities and other vulnerable groups in Cambodia. MoSVY also has the mandate to set up policies related to both social assistance programs and social security schemes, including those for civil servants, veterans and persons with disabilities.

MoSVY's **Department of Welfare for Persons with Disabilities (DWPD)** was established to lead and manage disability-related work. According to MoSVY's Strategic Plan 2019-2023, the expected outcome of the DWPD's work by 2023 is that the majority of persons with disabilities will have access to skills training and different types of rehabilitations, and 22,228 poor persons with disabilities will be receiving the disability allowance from the government.

In July 2009, the role of the **Disability Action Council (DAC)** was officially stipulated in the Disability Law as a national coordination and advisory mechanism on disability and rehabilitation issues. The DAC was reformed by Sub-Decree No. 59 ANK-BK dated 20 June 2010, under MoSVY. In May 2013, the Prime Minister signed a new Sub-Decree No. 216 ANK-BK on Organization and Functioning of the Disability Action Council which included several changes to the structure and organization. A

significant change is reflected in Article 14 which called on the DAC to “establish working groups on disability within relevant government ministries and institutions” and DACs in each municipality and province. Sub-Decree No. 216 also significantly expanded the membership of the DAC to 58. The Prime Minister is Honorary President. Membership includes four representatives of OPDs (two females, two male) and one representative from a NGO working in the disability sector. The DAC is tasked with providing technical advice on disability and rehabilitation, preparing national strategic plans and action plans related to disability, and has a duty to promote implementation, monitoring, evaluation and reporting on implementation of national policies, plans, laws and other regulations related to disability, and the CRPD. The DAC is supported by the **DAC Secretariat General (DAC-SG)**.¹³

Other entities established under the 2009 Disability Law include the **Disability Rights Administration (DRA)**, which is under the DWPD, and the **Persons with Disabilities Foundation (PWDF)**.¹⁴

Disability Rights Administration (DRA) works under the MoSVY Department of Welfare of Persons with Disability (DWPD). Its mandate include: monitoring and promotion implementation of Disability Law, conducting inspections of public institutions to ensure compliance, providing legal consultations (to persons with disabilities as well as public and private entities) regarding the Law, mediating in conflict resolution and filing complaints in cases of violation of Disability Law.

Article 46 of the *Disability Law* established **Person with Disabilities Foundation (PWDF)**. The PWDF is managed by the board consisting of representatives of the MoSVY (chair) and members from the Council of Ministers, Ministry of Economy and Finance, OPDs, DAC Secretariat, DRA Chair and individuals with outstanding social welfare knowledge and experience.

The mandate of **PWDF** includes: management of rehabilitation services and centers; funding of implementation of programs providing services for people with disability including in health, rehabilitation and education etc.; promoting improved welfare systems and inclusion of person with disability; collecting and managing fines from institutions that do not comply with the *Disability Law* (e.g. fines for non-compliance with employment quota); Conduct technical research and human resource development on rehabilitation.

The PWDS has provincial branches based in some Provincial and District departments of MoSVY which are in charge of managing the pension scheme for people with disability and managing information on persons with disability receiving the pension and services from the PRCs. Concerns have been raised by persons with disabilities and other actors in the disability sector on the capacity of the PWDF to fulfil its mandate. The capacity constrains relate to lack of human resources, budget and technical and capacity.

Disability Action Working Groups (DAWG) have been established in 19 ministries and agencies, and 25 Capital/Provincial DACs in all provinces. The DAC-SG provides training to officials and members of DAWGs and Capital/Provincial DACs on the CRPD, the Incheon Strategy, and the NDSP2, and raises awareness on the importance of mainstreaming disability in broader policies and programs, and disability-inclusive development. DAWGs will have an important role in implementing relevant activities under the COVID-19 Recovery Plan in their ministry or agency.

Examples of what other Ministries are doing to address disability issues and/or provide services and supports for adults and children with disabilities include:

¹³ For more information, see *Situation Analysis for Disability-Inclusive Governance and Community Development in Cambodia*, July 2014: available at <https://www.dfat.gov.au/sites/default/files/cambodia-disability-inclusive-governance-community-development-sit-analysis.pdf> (accessed 16 February 2021)

¹⁴ Ibid

- The **Ministry of Planning** (MoP), through its National Institute of Statistics (NIS), is responsible for collecting statistics through the population census and socio-economic surveys, including disability-related data. In addition, MoP is involved in implementation of ID Poor programme.
- The **Ministry of Labour and Vocational Training** (MoLVT) provides vocational training to all the population and has established more than 30 Vocational Training Centers to provide job counselling and vocational training. Target groups include poor women, marginalized groups and persons with disabilities.
- The **Ministry of Education, Youth and Sports** (MoEYS) has developed and implements policies and plans to promote the education of children and adults with disabilities. MoEYS has established institutions responsible for special and inclusive education, such as the Special Education Department (SED) and National Institute of Special Education (NISE).
- The **Ministry of Health** (MoH) is mandated to provide health care services for all the population, including adults and children with disabilities.
- The **Ministry of Women's Affairs** (MoWA) promotes the rights of women, including women with disabilities, through economic empowerment and access to education. The MoWA also provides vocational training through 13 Women's Development Centers and small grants for business start-up. MoWA oversees implementation of the third *National Action Plan to Prevent Violence Against Women 2019-2023* (NAPVAW3) which aims to prevent all forms of violence against women, including women and girls with disabilities.
- The **Ministry of Interior** (MoI) is in a unique position to influence sub-national disability-inclusive development and decision making processes as the Ministry has the mandate from the RGC to lead and coordinate decentralization reform. The Minister of MoI is chair of the National Committee for Sub-National Democratic Development (NCDD), a high-level inter-ministerial mechanism for promoting democratic development through decentralization and deconcentration reforms throughout Cambodia.¹⁵
- The **Ministry of Information** (MoInf) is the responsible for the implementation of the Access to Information Law. When the law is passed in 2021, the MoInf will play a critical role in ensuring that information officers and relevant staff across the Government have the capacities and means to provide information to persons with disabilities. The needs of persons with disabilities will also need to be incorporated in the protocols and policies that will guide the implementation of the Access to Information Law.

The **Cambodian Mine Action Authority** (CMAA) was established by the RGC in September 2000. CMAA's Victim Assistance Department remains active in data collection, referrals and raising awareness on the rights and needs of landmine/ERW survivors and other persons with disabilities. The *National Mine Action Strategy 2018-2025* includes objectives and strategies to improve livelihoods and access to services of mine/ERW survivors, and enhance their inclusion and full participation in the society.

At the sub-national level, relevant actors include the MoSVY Provincial Office and District Office of Social Affairs, Veterans and Youth Rehabilitation (PoSVY/DoSVY) MoSVY, Provincial and District Governors and Deputy Governors, Commune/Sangkat Councils (governing bodies of Communes/Sangats), Commune Committees of Women and Children, Village Chiefs, and in specific target areas, NGO-supported Commune Disability Committees.

In last ten years, a significant progress has been made in improving coordination and capacity of various actors at national level. This has been done partly due to strong political support from the Prime Minister (who takes personal interest in issues of persons with disabilities and often chairs celebration of International Day of persons with Disability) but also due to work of UN Agencies in

¹⁵ For more information, see www.ncdd.gov.kh/en/ (accessed 24 December 2020)

Cambodia which implemented several joint programmes promoting the rights of persons with disabilities.

DAC has clearly emerged as a top coordination body, with significantly increased budget, staffing, capacity, and influence. OPDs have more active role in DAC's work and are permanent members of this body both on national and subnational levels which enable them to have more influence on decisions.

Situation is somewhat different and vary at subnational level depending on the geographic area. Commitment of provincial administration officers (DAC, PoSVY), presence of development partners support and political support from local leadership (e.g. Provincial governors) are key factors which influence the work on disability rights at subnational level. There has been significant progress in provinces which are benefiting from development partner assistance (UN, bilateral donors, INGOs/NGOs) and which have disability sensitized leadership and administration. However, in more remote provinces the DAC mechanisms don't always function properly while the capacity of the staff regarding CRPD and issues faced by persons with disability is lower.

In addition, PoSVY departments have significant capacity constraint in staffing and budget. In some provinces there are no district level Offices of Social Affairs, Veterans and Youth Rehabilitation (DSVYs) while at commune/sangkat level there is only commune chiefs and clerks doing all administrative work including that of addressing disability issues. So PoSVY departments with few staff and limited budget cannot reach to all areas in province. The situation is additionally worsened by cuts in budgets due to Covid-19 pandemics. In some areas, this is partially remedied by support of NGOs active in the area.

There is clear need to scale up and replicate good practices from more successful provinces to rest of the country and to expand capacity building activities (e.g. CRPD sensitization;). Moreover, improving the access to information for persons with disabilities across the country is one of the main issues mentioned both by government and OPDs. Hopefully, this will be partly addressed by enactment of new Law on Access to Information.

Commune Committees for Women and Children (CCWS) were established in 2004 in Cambodia to serve as advisory bodies to local Commune Councils and tasked with planning, support, advocacy, awareness raising and monitoring of issues related to children and women and linking children and families to child protection services. These committees are functioning relatively well throughout the country and are increasingly adding disability issues on their agenda as mentioned by both government and OPDs. This is a positive trend and should be encouraged.

Representative organizations of persons with disabilities (OPDs)

The Cambodian Disabled Persons Organization (CDPO) is a peak body working to promote the rights of persons with disabilities and advocate for their inclusion at national and sub-national levels. CDPO's vision is that persons with diverse disabilities participate fully and equally in society and live with dignity.

CDPO's mission is to: represent the voice of persons with different disabilities and maintain a focus on women and children with disability, and people of ethnic minorities with disability; develop networks that promote the empowerment of people with disability that result in their full participation in society; and, to work with and encourage the government and relevant stakeholders to implement national and international disability laws and conventions.

In addition to entertainment, CDPO's Voice of Persons with Disabilities (VPD) Radio delivers programs in Siem Reap, Svay Rieng, and Preah Sihanouk to raise awareness on disability and to educate persons with disabilities on issues such as their rights, access to justice, and access to services. The radio is

good mean to disseminate useful information and often the only way to reach persons with disabilities in more remote areas. It's quite well known among PwD and to extent to wider public partly due to broadcasting of popular music. It's Facebook page has 28k followers.

CDPO has a network of 75 member organizations across all 25 provinces, including 11 Women with Disabilities Forums (WWDF). These OPDs are connected to 1,000 Self Help Groups (SHG) comprised of around 20,000 people with diverse disabilities.¹⁶ CDPO plays an important role as an educator in the community for the rights of persons with disabilities and implements activities and capacity building support at the national and sub-national level. Persons who are blind (have separate national association), deaf (represented by NGOs) or have psychosocial disabilities are not formally part of CDPO but are part of CDPO "network" and in most cases are coordinating activities and positions with CDPO.

At least 15 OPDs have offices located in government offices at the sub-national level, such as in the PoSVY or DoSVY, or in Commune Council offices.

CDPO is a member of the DAC, contributed to the development of the NDSP2, and is participating in working groups to revise the Disability Law and review implementation of the CRPD. CDPO is also a strategic partner to UN agencies to contribute to responses to emerging issues and to map out priorities for action to ensure persons with disabilities benefit from programs.

CDPO, supported by the ACCESS program, is working in partnership with its network of OPDs, government, private sector and seven Physical Rehabilitation Centers (PRC) managed by PWDF – Phnom Penh (Kien Khleang), Prey Veng, Siem Reap, Kampong Speu, Kampong Cham, Battambang and Kratie – to contribute to the implementation of the NDSP2. The project aims to support improved access to inclusive employment opportunities for women and men with disabilities.

The Association of the Blind in Cambodia (ABC) is the only other national level OPD in Cambodia. The Association of the Blind in Cambodia (ABC) was established officially since 2000 as national umbrella organization for Blind and Visually Impaired people. ABC is official registered with Ministry of Interior, Council Minister and signed MOU with Ministry of Social Affairs, Veterans and Youth Rehabilitation.

There is no national or sub-national level OPD for persons who are deaf. Persons who are deaf or have a hearing impairment are particularly marginalized. According to NGOs working with deaf people it is estimated that there are over 60,000 people who are deaf in Cambodia¹⁷. However, among deaf persons only around 2000 people have been taught sign language, so vast majority has no way of communicating even with their families. This is one of the main reasons for lack of OPDs representing persons who are deaf. NGOs working in this area stated a great need to reach out to communities and raise awareness so deaf persons can access services (e.g. sign language and job training). Since these services are available only in urban areas (e.g. Phnom Penh), there is also a reluctance of deaf persons and their families to leave their home and travel to city even if the costs are covered.

Other OPDs work with specific target groups of persons with disabilities. The Parents Association of Children with Intellectual Disabilities (PACHID), based in Phnom Penh, aims to represent children with intellectual disabilities, but activities are limited by financial resources. The Spinal Cord Injury Association of Cambodia (SCIAC) in Battambang works to raise awareness with local authorities on the rights and needs of people with spinal cord injury. There are no known OPDs representing people with psychosocial disability and situation with this particular group is particularly dire due to

¹⁶ CDPO, *Annual Report 2019*; see also Annex 3: Mapping of Organizations of Persons with Disabilities, for more information

¹⁷ There is no available data. The estimate is based on percentage of deaf people in neighbouring countries which have official statistics related to number of people among general population and world averages.

underdeveloped mental health care services system, lack of finances and lack of awareness about services provided by NGOs.

It was identified during consultations that a lack of financial resources is also limiting the capacity of OPDs in many provinces and districts to reach persons with disabilities and to advocate for their rights and needs. COVID-19 restrictions have made the situation more difficult with many persons with disabilities isolated and without support. Opportunities for additional skills development are needed by OPDs in many districts.

UN agencies, in particular UNDP, UNICEF and the UNOHCHR, collaborate closely with persons with disabilities and their representative organizations on the development and implementation of programs and projects. According to CDPO, persons with disabilities feel more empowered by support of UN and particularly appreciate organization's convening power which enables them to have their voices heard, participate in discussions with the authorities on more equal terms and influence decisions. In 2019, for the first time, women with disabilities and OPDs engaged in the development of the third NAPVAW for the period 2019-2023. OPDs were also invited to join the consultation process to raise issues to be taken forward in the development of the United Nations Development Assistance Framework 2019-2023 (UNDAF).

Although it is clear that NGOs collaborate with OPDs in some provinces, more research is needed on the level of meaningful collaboration between OPDs and NGOs in addressing the rights and meeting the needs of persons with disabilities across Cambodia. OPDs mostly appreciate NGOs support (it represents a source of income, capacity building and services) but there is a clear need for more coordination. One of the main challenges is lack of awareness and access to information on available services for persons with disabilities. For example, NGOs working with deaf people indicated that it is very difficult to identify deaf people in communities (apart from Phnom Penh), disseminate information about services available (e.g. sign language courses, job/skills trainings etc) and persuade families of persons with disabilities to allow them to attend the training outside their communities. In short, persons with disabilities need better access to information on available support and services (both government and NGO funded) .

NGOs and international organizations

While the RGC takes responsibility for the provision of health, education, and other social services the majority of services for persons with disabilities, particularly at the sub-national level, are provided or supported by NGOs and international organizations (IO). A mapping of NGOs, IOs and other service providers identified 71 national and international entities working with and for persons with disabilities, including mainstream service providers with programs that are inclusive of adults and children with disabilities, with the majority being national NGOs.¹⁸ Improving coordination and synergies among NGOs remains a challenge. There is also a lack of awareness of persons with disabilities about services provided by NGOs.

However, it is important to acknowledge that the full range of services and supports needed to improve the wellbeing of adults and children with disabilities are not available in all provinces or in all districts within a province. Furthermore, many NGOs do not have access to the financial resources needed to address the rights and meet the needs of persons with disabilities in the target areas where they work. Drops in donor funding since the onset of the COVID-19 pandemic has created significant challenges for many organizations providing disability services.

¹⁸ See Annex 4: Mapping of non-governmental organizations and agencies for more information

As noted above, more research is needed on the level of meaningful collaboration between OPDs and NGOs in addressing the rights and meeting the needs of persons with disabilities across Cambodia.

United Nations agencies

The UN in Cambodia is committed to working with the RGC and the people of Cambodia to achieve inclusive and equitable development, with a special focus on the most marginalized and vulnerable, to leave no one behind. The UNDAF, now renamed as the *United Nations Sustainable Development Cooperation Framework* (CF), notes that “the overarching programming principle for the UNDAF, *leaving no one behind* requires that the UN system in Cambodia prioritizes its programmatic interventions to address the situation of those most marginalized, discriminated against and excluded, and to empower them as active agents of development.”¹⁹ Women and persons with disabilities are specifically mentioned among those most marginalized.

The UN seeks to strengthen the capacity of national and sub-national service providers to deliver equitable quality and accessible basic services, including during emergencies. These include services such as healthcare, social welfare, rehabilitation and education, and the protection of vulnerable populations, including persons with disabilities.

The UNDAF/CF for 2019-2023 has prioritized disability inclusion. Three of the five UNDAF outcomes are particularly relevant to the wellbeing of persons with disabilities and their access to services and supports.

- **Outcome 1** – Expanding social opportunities: By 2023, women and men in Cambodia, in particular marginalized and vulnerable populations, have their basic (economic and social) needs addressed equitably, as they benefit from and utilize expanded quality social services, and social protection in a more resilient, fairer and sustainable society.
- **Outcome 2** – Expanding economic opportunities: By 2023, women and men in Cambodia, in particular the marginalized and vulnerable, benefit from expanded opportunities for decent work and technological innovations, and participate in a growing, more productive and competitive economy, that is also fairer and environmentally sustainable.
- **Outcome 4** – Strengthening participation and accountability: By 2023, women and men, including the under-represented, marginalized and vulnerable, benefit from more transparent and accountable legislative and governance frameworks that ensure meaningful and informed participation in economic and social development and political processes.

All UN agencies in Cambodia implement programs that have the potential to benefit persons with disabilities. Between December 2013 and March 2018, three UN agencies – UNDP, UNICEF, and the WHO – jointly implemented the Disability Rights Initiative Cambodia (DRIC). The DRIC program objective was to improve the quality of life for persons with disability in Cambodia with the outcome being that persons with disabilities have increased opportunities for participation in social, economic, cultural and political life through effective implementation of the NDSP. The program contributed significantly to fulfilling Cambodia’s commitment towards implementation of the CRPD. The DRIC program also resulted in greater visibility of disability rights within the UN system and mainstreaming into country program strategies of participating UN organizations. However, it was noted that there is a need to strengthen the capacity of all agencies within the UNCT to implement the *United Nations Disability Inclusion Strategy* and influence disability-inclusion into wider UN programs and policies at the country level.

Currently, the work of six agencies is particularly relevant to promoting the rights and wellbeing of persons with disabilities and their access to services: UNDP, UNICEF, UNOHCHR, United Nations

¹⁹ Cambodia, *United Nations Development Assistance Framework 2019-2023*, p. 17

Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen).

UNDP

Under the DRIC program, UNDP implemented activities under two components: Supporting government implementation of the NDSP; and Supporting Disabled People's Organizations to raise the voice and protect the rights of all persons with disabilities.

UNDP's *Country Programme Document 2019-2023* aims to deliver on the pledge to leave no-one behind, targeting development results that include and empower those below or near the poverty line, and vulnerable groups, including persons with disabilities. Building on the DRIC program, UNDP is working with the Ministry of Justice (MoJ) and MoSVY on legal reforms to protect and include persons with disabilities. UNDP is also supporting national commitments to expand social protection for the vulnerable, specifically persons with disabilities.²⁰

UNDP is an implementing partner of the ACCESS program. Activities include: supporting the amendment of the Disability Law; implementation of the NDSP2, supporting OPDs to engage in Commune Investment Plan (CIP) development and providing training in disability and inclusive CIP development; promoting disability-inclusive CIPs in selected communes, and documenting lessons learnt for replication; and, building the capacity of the DAC, DAWGs and Provincial DACs in disability inclusion, and inclusive planning and budgeting.

UNDP is also implementing the UNPRPD-funded ***Access to justice without barriers for persons with disabilities*** project. The project aims to strengthen the capacity of the RGC to better implement the CRPD in the areas of access to justice and services for persons with disabilities, and to enhance the disability network's capacity to better advance the rights of persons with disabilities and assist them in seeking justice in three pilot provinces – Battambang, Banteay Meanchey and Siem Reap. Activities have also expanded to Kampong Cham, Kampong Speu and Svay Rieng. The project managed to achieve significant progress in limited geographic area which represents the good opportunity for scaling up to the other parts of the country. The opportunity to improve the situation lies in assisting the RGC in aligning of current Disability Law with CRPD and other international frameworks (with regards to A2J), continuation of participation of OPDs in dialogue on development of National Policy of Legal Aid, strengthening local coordination mechanisms (provincial DACs), improving capacity of justice system and staff (judges, prosecutors court clerks, lawyers) particularly on provincial level with regards to CRPD, improving accessibility of court premises and providing legal representation and sign interpretation for deaf people.

UNICEF

UNICEF Cambodia has a long history of working with the RGC to build capacities and improve access to services. In 2010, with support from UNICEF and in collaboration with key actors, MoSVY developed and adopted the National Community-Based Rehabilitation Guidelines for Cambodia. The guidelines are in accordance with the WHO's CBR Guidelines.

Under the DRIC program, UNICEF implemented activities under the Inclusive Governance and Community Development component, and also managed the Cambodia Disability Inclusive Development Fund (CDIDF) which provided small grants to 15 civil society organizations (CSO) covering 18 provinces and Phnom Penh to provide services for persons with disabilities in their communities. To better understand the situation on the ground for women, girls, boys and men with

²⁰ UNDP, *Country Programme Document 2019-2023*, Approved by the Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services in the first regular session 2019 21 to 25 January 2019, New York

disabilities at the sub-national level, in 2014 UNICEF commissioned a situation analysis for disability-inclusive governance and community development.

The current UNICEF country program (2019-2023) works to promote the healthy development of children, defend their rights and help them to fulfil their potential, from early childhood through adolescence. UNICEF's work is structured into five inter-related programs: Health and Nutrition; Water, Sanitation and Hygiene (WASH); Education; Child Protection; and Policy and Public Financing for Children. All program areas are relevant to guaranteeing the rights and addressing the needs of persons with disabilities, particularly women and children.

UNICEF supports and collaborates with the MoEYS on special and inclusive education, and with MoSVY on the development of social-based disability identification tools, on issues relating to the abandonment of children with disabilities, and the training of trainers and care takers on the special needs of children with disabilities who are living in residential care facilities.

UNOHCHR

The United Nations Office of the High Commissioner for Human Rights (UNOHCHR) in Cambodia provides assistance to the RGC in promoting and respecting human rights, including disability rights. The UNOHCHR is supporting the DAC on the revision of the Disability Law to bring it into line with the CRPD. The UNOHCHR is also collaborating closely with UNDP, and other key stakeholders, on implementation of the UNRPD-funded *Access to Justice without barriers for persons with disabilities* project. The UNOHCHR is providing training to judges, prosecutors, court clerks and lawyers, and provincial DACs to better implement the CRPD in areas of access to justice. CDPO and OPDs also have improved knowledge of the judicial process and legal aid services.

UNWomen

UNWomen works to increase women's participation in politics, in decision-making processes, and in economic and livelihood opportunities, and to empower women to know and claim their rights. UNWomen supports the MoWA to implement the NAPVAW3. UNWomen is also an implementing partner in the ACCESS program's Gender-Based Violence (GBV) Workstream. Activities aim to enhance MoWA's capacity to effectively coordinate the GBV response at the national and local level and the provision of quality inclusive services for women, including for women and girls with disabilities. UNWomen supports coordination at the national and sub-national level through Technical Working Groups for Gender sub-committees on GBV, including in Kampong Speu, Preah Sihanouk and Siem Reap provinces.

UNFPA

UNFPA is the UN's reproductive health and rights agency with a key mandate to ensure universal access to sexual and reproductive health services and information, including in crisis settings. UNFPA's strategic directions emphasize more of a focus on disability-inclusion at the center of the regional program. UNFPA Cambodia promotes the human rights and social inclusion of women and young persons with disabilities in the areas of access to sexual and reproductive health services, information, and education for persons with disabilities, including preventing and addressing sexual violence and GBV. UNFPA Cambodia is an implementing partner in the ACCESS program's GBV Workstream to support implementation of the NAPVAW. Activities aim to improve access to quality GBV and sexual and reproductive health services for women, including women and girls with disabilities, affected by violence.

UNESCO

The United Nations Educational, Scientific and Cultural Organization (UNESCO) is the only UN agency with a specific mandate to promote and ensure Universal Access to Information. In Cambodia, UNESCO has been working with the MoInf in developing the draft Access to Information Law which is

expected to be enacted during 2021. In the process of drafting the law, UNESCO conducted extensive consultations with OPDs to ensure that the law addresses and considers their specific needs and concerns related to accessing information. During the pandemic, UNESCO provided a platform for OPDs to discuss recommendations with MoH and MoINF to improve access to information during the pandemic. UNESCO will continue to support the MoINF in the implementation of the law at both the national and sub-national level, and build the capacities of relevant officials to ensure they have the competencies and capacities to meet and respond to the information needs of persons with disabilities.

The **World Health Organization** (WHO) played a leading role in implementation of the DRIC program between December 2013 and March 2018. The WHO implemented activities under the Supporting Rehabilitation Systems Strengthening component, which aimed to improve rehabilitation services for persons with disabilities. The WHO is also a key partner in the RGC's response to COVID-19.

International cooperation:

DFAT: The Australian Government, through the Department of Foreign Affairs and Trade (DFAT) and the former AusAID, has been a long-term and key supporter of persons with disabilities in Cambodia, including victim assistance through mine action programs. Examples of DFAT/AusAID support to disability inclusion include:

- The Landmine Survivor Assistance Program (LSAP), managed by the Australian Red Cross commented in September 2007 until June 2010. The LSAP, one of the programs under Australia's engagement in the mine action sector in Cambodia, supported improved quality of life for Cambodian people living with disability, including landmine survivors and their families.
- The CIDI program was implemented from July 2010 and concluded on 31 December 2012, although some program activities continued into early 2013. The annual budget was approximately AUD 1.3 million (approx. USD 988,000). The CIDI built on the LSAP program implementation experience with the focus increasingly embracing a more integrated approach to disability. By 2012, the CIDI was being implemented in all provinces of Cambodia through 37 partner organizations and the Cambodian Red Cross (CRC). The overall goal of the CIDI program was to "improve the quality of life of people with disabilities in Cambodia by supporting national efforts towards addressing the risks, causes and consequences of disability."
- Other Australian-Government disability support between 2009 and 2012 includes: support to CDPO; leadership capacity building of OPDs through professional development training at VBNK and the Australian Centre for Education; and support to the DAC and MoSVY's DWPD.
- UNDP, UNICEF, and the WHO implemented the Australian Government-funded Disability Rights Initiative Cambodia (DRIC) program between December 2013 and March 2018 with a budget of approx. USD 8.3 million. The overall program objective was improved quality of life for persons with disabilities in Cambodia. The program aimed to: strengthen CDPO to advocate for the rights of persons with disabilities; support the MoH to assume more responsibility for rehabilitation and to broaden and improve rehabilitation systems, including through support to PRCs; and, to include persons with disabilities in the process of decentralization and to make provincial governance accessible, participatory and inclusive. The DRIC program also supported services for persons with disabilities through a small-grant modality.
- DFAT is currently supporting persons with disabilities through the Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) program.

From 2006 to 2021, DFAT co-funds the Support to the identification of poor households program (IDPoor) with the German Federal Ministry for Economic Co-operation and Development.

The Australian Government is committed to supporting Cambodia's Development Response Plan, including through looking for opportunities to expand its work beyond the IDPoor program to support gender and disability inclusive social protection systems and policies.²¹

ACCESS program²²: The ACCESS program, officially launched in March 2019, is a three-year (2018-2021) Australian Government-funded initiative overseen by DFAT. Australia has committed AUD 15 million (approx. USD 11.4 million) over the three years to improve the sustainability, quality and inclusiveness of services for persons with disabilities and for women affected by GBV, including women and girls with disabilities.

ACCESS works in partnership with the RGC to support the implementation of the NAPVAW and the NDSP. Key expected end of program outcomes are: the RGC plans and utilizes resources more effectively for GBV and disability-related services with guidance from the Ministry of Economy and Finance (MoEF); and, the RGC, civil society and the private sector sustainability improve the coverage, quality and inclusiveness of services for persons with disabilities and women affected by GBV.

The Disability Workstream aims to contribute to the following outcomes:

- Persons with disabilities attain improved health, education and economic outcomes
- Persons with disabilities are able to participate in and contribute to family, community and political life
- Persons with disabilities experience less discrimination
- Persons with disabilities have improved feelings of self-worth, confidence and independence.

To improve the coverage, quality and inclusiveness of services for persons with disabilities, the ACCESS program focuses on three strategic areas:

- Improvement of disability sector coordination at national and sub-national level
- Effective management of PRCs handed over to the PWDF
- Increased provision of economic opportunities to persons with disabilities.

The ACCESS program's Competitive Investment Mechanism (CIM) provides grants to support contributions to the NDSP and the NAPVAW. Eligible entities include UN agencies, IOs, NGOs, OPDs, private sector organizations, and academic institutions. Successful implementing partners in the Disability Workstream include:

- **ADD International** is working in partnership with government, donors, OPDs, Women with Disabilities Forums (WWDF), service providers, persons with disabilities and business networks. The project aims to support women and girls with disabilities through their SHGs/OPDs, and to promote disability inclusion at all levels.
- **Agile Development Group** is working in partnership with the government, OPDs and the private sector. The project aims to increase entrepreneurship capacities of women with disabilities.
- **Chamroeun Microfinance PLC (CMP)** is a leading Cambodian social microfinance institution working to achieve positive and lasting change in the livelihood of economically active poor families in a socially responsible manner. CMP in collaboration with **Good Return (GR)** is an Australian non-profit organization, sharing the vision of a world without poverty, focus on accessible financial products and financial literacy program. CMP provide opportunities for persons with disabilities with age of 18 and over in Kampong Cham, Kampong Speu, Siem Reap, Battambang and Phnom Penh for financial coaching, responsible finance and ongoing

²¹ Australian Government, Cambodia COVID-19 Development Response Plan, October 2020, 3; available at <https://www.dfat.gov.au/sites/default/files/covid-response-plan-cambodia.pdf> (accessed 24 December 2020)

²² For more information, see <https://accesscambodia.org/> (accessed 24 December 2020)

support in the framework of ACCESS.

- **CDPO** is working in partnership with its network of OPDs, government, private sector and PRCs. The project aims to support improved access to inclusive employment opportunities for women and men with disabilities.
- **Humanity & Inclusion (HI)**, formerly known as Handicap International, is working in partnership with government, OPDs, PRCs, and health facilities. The project aims to improve access to quality and inclusive services for all, including women and men with disabilities.
- **Light For The World (LFTW)** is working in partnership with government, OPDs, employers, companies, persons with disabilities and business networks. The project aims to increase access of persons with disabilities to employment and vocational training and to increase the sector's knowledge on disability inclusion.
- **UNDP** is working in partnership with the DAC, in coordination with line ministries at the national and sub-national levels, OPDs and NGOs. The project aims to strengthen coordination and mobilize resources to implement the NDSP2 effectively at both national and sub-national levels.

In addition to activities at the national level, the Disability Workstream is being implemented in target districts in seven provinces – Battambang, Kampong Cham, Kampong Speu, Kratie, Phnom Penh, Siem Reap, and Tboung Khmum – and at PRCs in Kratie, Phnom Penh, Prey Veng, Siem Reap, and Takeo.

GIZ: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ – German international cooperation) is working in Cambodia on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ). GIZ is working in two main areas: Health and Social Security and Rural development. Activities focus on capacity development in the RGC and within civil society, and have the potential to benefit persons with disabilities.

From 2006 to 2021, BMZ co-funds the Support to the identification of poor households program (ID Poor) with DFAT. Working in collaboration with the MoP, GIZ implements the program on behalf of BMZ and DFAT.²³

GIZ is also implementing the BMZ-funded Decentralisation and Administrative Reform Program (DAR) which aims to develop local self-governance, financial and human resources and decision-making capacities at the local level. The objective of the program is that with citizen participation, selected local administrative units provide social and administrative services in a coordinated, transparent and accountable manner.

Established in the 1990s under the Council for Development of Cambodia, the **Cambodian Rehabilitation and Development Board (CRDB)** is the “One-Stop Service” of the RGC that coordinates with development partners and NGOs who provide development assistance. Sub-Decree No. 60 ANK.BK, dated 5 April 2016, reiterated the organizational structure and roles and responsibilities of the CRDB.²⁴ The CRDB also serves as a focal point in liaison with governmental institutions to manage development cooperation and partnerships in Cambodia. There is currently no particular mechanism for coordinating development actors working on disability-inclusion.

UNDP implements the Partnerships for Development Results project to promote the RGC's development finance management capacities and partnership practices in order to achieve the 2030 SDGs, and to improve its capacity for aid coordination. The project supports the RGC to localize the

²³ For more information, see the section on Social protection

²⁴ For more information, see Articles 4, 27 and 33 RGC, *Sub-Decree No. 60 on the Organization and Functioning of the Council for the Development of Cambodia*, dated 5 April 2016

goals and to manage development finance flows to ensure that resources are mobilized and used to sustainable and equitable economic growth.

COVID-19 stakeholders:

As noted above, UN agencies such as UNDP, UNICEF, UNFPA and UNOHCHR, are actively supporting the RGC and other key stakeholders, including OPDs, to ensure effective disability-inclusive responses both during and after the COVID-19 pandemic. The *UN Cambodia framework for the immediate socio-economic response to COVID-19* includes action to address the rights and needs of persons with disabilities.²⁵ In addition to this situation analysis and assessment on the impact of COVID-19 on persons with disabilities, UNDP produced five video spots to raise awareness on COVID-19 for dissemination through social media and local television channels. UNFPA disseminated information through social media to raise awareness on COVID-19 and sexual and reproductive health. The WHO is also working closely with the MoH including through the provision of direct technical support and guidance to health facilities in Phnom Penh and several provinces to respond to COVID-19 infections.

The ACCESS program is supporting persons with disabilities through the provision of food and hygiene materials. In collaboration with MoSVY, DAC-SG, PWDF and OPDs, the ACCESS program provided COVID-19 protective materials to 11,151 persons with disabilities and 457 service providers in 2020: 65,650 surgical and cloth masks; 10,200 bottles of cleansing alcohol; 3,440 bottles of hand sanitizer; and 100 boxes of medical gloves.²⁶ In addition, ACCESS program partners are implementing specific activities to support persons with disabilities during the pandemic. CDPO broadcast radio and video spots and collaborated with partners to have a sign language interpreter during live press conferences. Agile provided online training for women entrepreneurs with disabilities. LFTW is supporting MoSVY and OPDs to ensure that accessible information is available for persons with disabilities at the national and sub-national level, and to identify disability-specific responses for the recovery phase. ADD conducted community awareness-raising on COVID-19 prevention for SHGs of persons with disabilities. HI participated in a COVID-19 Taskforce.

Under the ACCESS program's GBV Workstream, the Transcultural Psychosocial Organization (TPO) trained, coached and mentored local service providers on-line to ensure the quality of psychosocial services provided to women with and without disabilities affected by GBV in three districts in Siem Reap and Kampong Cham.

Several NGOs have conducted small scale disability specific impact assessments or rapid needs assessments, or assessments in their target areas that are inclusive of persons with disabilities²⁷, including:

- ADD International – *COVID-19: Violence Risk and Income Loss Among Persons with Disabilities*, 2020
- Agile Development Group – *Impact of COVID-19 on Women Entrepreneurs with Disabilities in Cambodia: Rapid Research Report May 2020*
- CARE – *Rapid Gender Analysis for COVID-19: Cambodia – Phnom Penh and Kampong Speu*, May 2020 (includes persons with disabilities)
- HelpAge Cambodia – *COVID-19 rapid needs assessments of older people*, August 2020 (includes persons with disabilities)

²⁵ For more information, see *UN Cambodia framework for the immediate socio-economic response to COVID-19*, August 2020

²⁶ ACCESS Disability workstream highlights, available at: https://accesscambodia.org/giant_uploads/2021/01/Disability-Workstream-Summary-Infographic_4Jan2021_compressed.pdf (accessed 17 January 2021)

²⁷ For information on the findings of the assessments, see section on Impact of COVID-19 on the rights and wellbeing of persons with disabilities in Cambodia and their access to services and supports

- Humanity & Inclusion – *Impact of COVID-19 on Persons with Disabilities in Kampong Cham and Tboung Khmum province, Cambodia, September 2020*

In addition, UNICEF collaborated with four NGOs working in the disability sector for the *Cambodia Rapid COVID-19 Joint Education Needs Assessment* on the impact of COVID-19 on the education sector. Children with and without disability, parents, caregivers and teachers were interviewed. A Cambodia Social Impact survey, led by UNICEF together with the World Food Programme (WFP), UNAIDS, UNFPA and UNWomen in collaboration with the NIS for the baseline, is underway. The survey includes disaggregated baseline data on 2,034 households with and without a person with disability in order to assess the impact of COVID-19 on all Cambodian households with a particular focus on IDPoor households. Follow up surveys have reached around 1,000 of these households. The survey asks questions relating to: household composition; knowledge around COVID-19; employment; household amenities; restricted consumption; health; education; social transfers; access to food, services and other supports; overall wellbeing; care responsibilities; food consumption; livelihood coping; and, violence. The results of the surveys are forthcoming.

The *Rapid Assessment on Social and Health Impact of COVID-19 Among Returning Migrant Workers in Cambodia: Final Survey Report* was released in November 2020. The study, led and managed by UNFPA, was funded by the UN COVID-19 Response and Recovery Multi-Partner Trust Fund, together with UNICEF, UNFPA, UNWomen, the International Organization for Migration (IOM) and UNAIDS. The assessment included people with problems of vision, hearing, walking, or climbing, remembering, or concentrating, self-care and communicating as a vulnerable group. The survey noted that less than five per cent of returned migrant workers and families present a physical or intellectual disability, likely due to persons with disabilities being less likely to migrate and find work in Thailand. The assessment also found that vulnerable groups, which includes persons with disabilities, did not have more constraints to access health care and do not face more discrimination.²⁸

Since May 2020, the World Bank, in collaboration with the NIS, has been monitoring the impact of COVID-19 on households in Cambodia through a telephone survey. Although the survey asks one question about persons with disabilities in the household, reports to date have not provided specific data on the impact of COVID-19 on households with persons with disabilities.²⁹

Equality and non-discrimination

UNDP's *Human Development Index 2020* ranks Cambodia as a Medium Development Country at 144 out of 189 countries; up from 146th in 2019.³⁰ In 2019, 17.7 per cent of the population lived below the national poverty line.³¹ The majority of people who no longer live in poverty remain highly vulnerable to falling back into poverty, particularly due to the impacts of the COVID-19 pandemic.

An informal analysis of the 2019 *General Population Census* provides limited information on inequalities between Cambodians with and without disabilities in relation to marital status, literacy and education, and economic activity rates. For example:

²⁸ *Rapid Assessment on Social and Health Impact of COVID-19 Among Returning Migrant Workers in Cambodia: Final Survey Report*, United Nations Cambodia, November 2020, pp. 11-12

²⁹ For more information, see <https://www.worldbank.org/en/country/cambodia/brief/monitoring-the-impact-of-covid-19-on-households-in-cambodia> (accessed 24 December 2020)

³⁰ See, *Human Development Report 2020 The Next Frontier: Human Development and the Anthropocene*, UNDP, December 2020

³¹ See, <http://hdr.undp.org/en/indicators/39006> (accessed 24 December 2020)

- 68.6 per cent of Cambodians with disability (80.2 per cent of males) aged over 15 years are married³² as compared to 66.2 per cent of Cambodians without disability aged over 15 years³³
- Literacy rate for Cambodians with disability over 7 years is 70.9 per cent (63.9 per cent for females)³⁴ as compared to 88.5 per cent for Cambodians without disability (86.2 per cent for females)³⁵
- 55.7 per cent of Cambodians with disability over 7 years have not completed primary school (61.9 per cent of females)³⁶ as compared to 42.3 per cent of Cambodians without disability (44.8 per cent)³⁷
- 52.9 per cent of Cambodians with disability are employed (45.9 per cent of females)³⁸ as compared to 61.2 per cent of Cambodians without disability (58.1 per cent of females)³⁹

Historically, legislation and policies were generally based on the assumption that persons with disabilities are not able to exercise the same rights as persons without disabilities, in particular their right to participate in public affairs. In many cases, authorities have not involved OPDs in processes of policy consultation and development as they are often seen as the beneficiaries of policies rather than participants in the decision-making process or as the holders of rights. This has led to a situation where issues relating to persons with disabilities are often addressed only in terms of rehabilitation and social services, and not in line with the human rights approach to disability. While the situation has been improving in recent years (thanks in part to strong advocacy from UN) there is still a need for capacity-building of government as well as OPDs in order to enhance participation of OPDs in consultations on broader policies and programs to promote disability-inclusion.

Lack of information and/or accessible information is one of the main barriers to meaningful participation for OPDs. This is an issue particularly in access to information related to emerging issues in which OPDs have not been involved before, such as social protection, legal assistance, other types of public assistance, and the impact and consequences of the COVID-19 pandemic. This lack of information is a barrier to OPDs participating in consultations, policy-making and decision making processes. The lack of information applies not only to participation at the community level, but also in debates and discussions at the highest level. Access to information is critical for OPDs to be able to take decisions. It also provides a means to increase the meaningful participation and visibility of OPDs.

The lack of accessibility and reasonable accommodation has prevented OPDs from participating in decision-making processes due to physically inaccessible infrastructure (including transportation and the commute) and because no reasonable accommodation was made for them to access meetings or workshops. This occurs when the venue is not on the ground floor, when no sign language interpreter is provided, where documents/handouts are not in accessible formats and when the insufficient time has been given for preparation.

Legal and policy context

Cambodia has an extensive national, regional and international legal and policy framework to guide efforts to guarantee the rights and address the needs of adults and children with disabilities. However, it should be noted that despite the comprehensive national legislative and policy framework, numerous challenges remain. These challenges include: limited implementation of the *Law on the Protection and the Promotion of the Rights of Persons with Disabilities* (Disability Law), and policies

³² General Population Census, p.105; see also Annex 5

³³ General Population Census, p. xi

³⁴ General Population Census, p. 105; see also Annex 5

³⁵ General Population Census, p. 42

³⁶ General Population Census, p. 105-106; see also Annex 5

³⁷ General Population Census, p. 47

³⁸ General Population Census, p. 107; see also Annex 6

³⁹ General Population Census, p. 53

and plans related to disability; limited financial resources; limited understanding of how to implement the legislative and policy framework; and limited understanding of disability inclusion in broader policies and programs. In addition, disability awareness among the general population is also limited and reducing stigma and discrimination remains a significant challenge.

International context

The *Convention on the Rights of Persons with Disabilities* (CRPD) was ratified by the RGC on 20 December 2012 and entered into force on 19 January 2013. No independent monitoring mechanism for the CRPD has been established. The DAC is the designated authority for national coordination on disability and acts as the advisory mechanism to promote the implementation of the CRPD.

The DAC is preparing Cambodia's Initial Report which, under Article 35 of the CRPD, was due two years after entry into force. The report is expected to be submitted to the Committee on the Rights of Persons with Disabilities in 2021. The DAC has established a working group to coordinate the preparation of the Initial Report. Members of the working group include CDPO and the Phnom Penh Center for Independent Living (PPCIL). A consultant, funded by the Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) program, is supporting the working group.

The RGC also has other international obligations applicable to addressing the rights and needs of adults and children with disabilities under various instruments of international humanitarian and human rights law to which it is party: Convention on the Rights of the Child (CRC); Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); International Covenant on Economic, Social and Cultural Rights (ICESCR); and, the Anti-Personnel Mine Ban Convention (APMBC).⁴⁰ The latest RGC report to the CEDAW Committee noted that women with disabilities still face challenges accessing services.⁴¹

As a Member State of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Cambodia adopted the *Incheon Strategy* in November 2012 as part of the launch of the third Asian and the Pacific Decade for Persons with Disabilities 2013-2023. The RGC also endorsed the Sustainable Development Goals (SDG) at the UN General Assembly in 2015. The 2030 Agenda pledges to leave no one behind, including persons with disabilities and other disadvantaged groups, and has recognized disability as a cross-cutting issue, to be considered in the implementation of all of its goals.

Cambodia's Voluntary National Review 2019 on Implementation of the 2030 Agenda for Sustainable Development notes that the *National Strategic Development Plan* (NSDP) sets out priority policies in the implementation of reform programs in disability services, aimed at promoting institutional capacity and strengthening social and economic infrastructure for the creation of job opportunities for persons with disabilities, poverty reduction and development of essential works in the disability sector in Cambodia. It also notes that disability issues are included in the NSDP, the *National Mine Action Strategy 2018-2025*, and various policies and programs of ministries, institutions and authorities at all levels. The review referred to challenges in the implementation of SDG10 and SDG18 which focus on social protection and housing, including for persons with disabilities.⁴² UNDP is

⁴⁰ For more information, see Situation Analysis for Disability-Inclusive Governance and Community Development in Cambodia, July 2014: available at <https://www.dfat.gov.au/sites/default/files/cambodia-disability-inclusive-governance-community-development-sit-analysis.pdf> (accessed 16 February 2021)

⁴¹ Sixth periodic report submitted by Cambodia under article 18 of the Convention, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAWpercent2fCpercent2fKHMpercent2f6&Lang=en (accessed 24 December 2020)

⁴² *Cambodia's Voluntary National Review 2019 on Implementation of the 2030 Agenda for Sustainable Development*, June 2019, p. 84

currently assisting Ministry of Planning in review of the Cambodian SDGs' targets and indicators and formulation of M&E framework.

The RGC endorsed the *Sendai Framework for Disaster Risk Reduction 2015-2030* (Sendai Framework) which outlines seven clear targets and four priorities for action to prevent new and reduce existing disaster risks: understanding disaster risk; strengthening disaster risk governance to manage disaster risk; investing in disaster reduction for resilience and; enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction. Cambodia's Disaster Risk Reduction (DRR) status report dated July 2019 provides a snapshot of the progress achieved under the four priorities of the Sendai Framework. Achievements do not specifically mention persons with disabilities.⁴³

National context

The supreme law is the 1993 *Constitution of the Kingdom of Cambodia*. While not specifically referring to disability, Article 31 states that "Khmer citizens are equal before the law, enjoying the same rights, liberties and duties regardless of race, color, sex, language, beliefs, religions, political tendencies, birth origin, social status, wealth or other situations."⁴⁴

In relation to disability, the most important national legal instrument is the 2009 *Law on the Protection and the Promotion of the Rights of Persons with Disabilities* (Disability Law). The purpose of the law is to prevent, reduce and eliminate discrimination against persons with disabilities, and to rehabilitate physically, mentally and vocationally to ensure adults and children with disabilities are able to participate fully and equally in activities within society.

The RGC has recognized that the current Disability Law is not aligned with the CRPD and should be revised. The current law ("Law on the Protection and the Promotion of the Rights of Persons with Disabilities") was adopted (2009) prior to ratification of CRPD (2012). According to Article 49 of the current disability law, there is a provision for supremacy of UNCRPD and other international treaties ratified by Kingdom of Cambodia over national legislation: "All provisions of international treaties relating to the laws on the protection and the promotion of the rights of persons with disabilities to which the 54 Disability law art 4. 30 Kingdom of Cambodia is a party shall be implemented together with this national law. In case of any provisions that contradict the provisions of this law, the provisions of those international treaties shall be considered as the principle provisions."

Despite this, language and certain provisions of the law are in contrast with the human right based approach of CRPD. The very definition of persons with disability focuses on situation of persons with disability (medical situation) rather than on barriers to inclusion. Many provisions (e.g. on accessibility, access to justice, rehabilitation, access to education etc.) need to be revised and re-phrased to reflect human rights based approach and decrease potential stigma and marginalization of persons with disabilities. In addition, proper formula of participation of persons with disabilities in decision making particularly in decisions regarding disability rights needs to be re-addressed. It seems that there is a genuine effort and political will of RGC to adopt new modern disability law and these efforts needs to be supported by UN and development partners.

The DAC is currently undertaking a revision of the Disability Law, through a series of workshops, with the support of UNDP, United Nations Office of the High Commissioner for Human Rights (UNOHCHR), CDPO and other key stakeholders. The new law is expected to be finalized and adopted by end of

⁴³ UNDRR. *Disaster Risk Reduction in Cambodia: Status Report 2019*. Bangkok, Thailand, United Nations Office for Disaster Risk Reduction (UNDRR), Regional Office for Asia and the Pacific, July 2019

⁴⁴ *The Constitution of the Kingdom of Cambodia*, Unofficial Translation, Version supervised by the Constitutional Council, March 2010

2022. All articles of the Disability Law are under review to ensure a rights-based approach that takes into account commitments under the CRPD.

In the Cambodian context, Sub-decrees, Prakas, Circulars and Letters support the implementation of laws, policies and plans of action. Consequently, to promote and accelerate the effective implementation of the Disability Law, and other disability supports, several legal documents have been developed and adopted.⁴⁵

Between 2009 and the end of 2013, the disability sector was guided by the *National Plan of Action for Persons with Disabilities, including Landmine/ERW Survivors*. Subsequently, in a process under the leadership of the DAC, the *National Disability Strategic Plan* for the period 2014-2018 (NDSP1) was developed and adopted. And in November 2019, the *National Disability Strategic Plan 2019-2023* (NDSP2) was launched. The purpose of NDSP2 is to “determine strategic priority of the Royal Government in disability sector in order to align, mainstream and include disability in every sector to increase effectiveness, transparency and consistency of strategies under the framework of national policy on social support, national strategic development plan, Sustainable Development Goals or Agenda 2030 and also to commit to ‘leave no one behind’ in order to promote rights and freedoms and protect interests, prevent, reduce and eliminate discrimination against persons with disabilities, in particular, with consideration of physical, intellectual and professional rehabilitation and ensure ability to fully and equally participate in any activity in society”⁴⁶

The vision of the NDSP2 is that “persons with disabilities and their families have a good quality of life and participate fully and equally in a society which respects their rights and dignity and is inclusive of disability in all sectors and in development.” The NDSP2 includes two objectives, three purposes and nine strategic objectives.

Objectives:

- Improve the quality of life of persons with disabilities and their families, through respect for dignity, independent living and wellbeing
- Promote equality before the law, access to justice, freedom from torture, exploitation, and violence, provide emergency redress and promote equality for women with disabilities, children with disabilities, and persons with diverse disabilities.

Purposes:

- Provide social support, rehabilitation, education, sport, vocational training, employment, career and other services and opportunities to persons with disabilities
- Improve accessibility to the physical environment, public transportation, and knowledge, information and communication
- Empower persons with disabilities through participation in political life and all decision-making activities.

Strategic objectives:

1. Increase employment and economic security
2. Increase access to health care and rehabilitation services
3. Provide access to education and technical and vocational training
4. Improve accessibility
5. Increase equal participation of persons with disabilities
6. Increase access to justice, rights and freedoms
7. Ensure gender equality
8. Reduce risks and impacts caused by disasters

⁴⁵ For more details, see Annex 2: Selected sub-decrees, prakas, decisions and letters

⁴⁶ *National Disability Strategic Plan 2019-2023* (NDSP2)-Introduction

9. Strengthen cooperation at national and international levels and ensure that data and statistics on disability are reliable and comparable.

An Action Plan has been developed to implement the NDSP2.⁴⁷ The NDSP2 notes that the RGC will regulate the state's budget in order to support the implementation of the strategic plan through providing a budget to ministries and institutions to transform the NDSP2 into an action plan for successful implementation. It was expected that the work on the budget will commence in 2021 (so it is reflected in 2022 budget). However, due to economic slowdown caused by the pandemic, significant tax revenue lost in key sectors (tourism, garment) and increased cost for fighting Covid-19 pandemic and mass vaccination programme, DAC and MoSVY are not expecting significant budget increase (if any) for NDSP2 implementation this year.

The strategic plans and policies of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), the Ministry of Health (MoH), the Ministry of Education, Youth and Sport (MoEYS), and the Ministry of Women's Affairs (MoWA), and the RGC's policies and plans for development and social protection are also relevant to the rights, needs and wellbeing of adults and children with disabilities, including: the *"Rectangular Strategy" for Growth, Employment, Equity and Efficiency: Building the Foundation Toward Realizing the Cambodia Vision 2050 Phase IV*, the *National Strategic Development Plan 2019-2023* (NSDP2), the *National Social Protection Policy Framework 2016-2025* (SPPF), the *National Policy on Early Childhood Care and Development*, and the second phase 10-year action plan for 2021-2030 to continue implementation of the *National Programme for Sub-National Democratic Development*. This program is especially relevant to disability-inclusive local governance and community development as it recognizes the need for equal opportunity for all citizens to participate in local development.

There are no specific anti-discrimination laws in Cambodia. One of the purposes of the Disability Law is to prevent, reduce and eliminate discrimination against persons with disabilities. Article 33 states that persons with disabilities who have the required qualifications and competence to carry out the duties, role and responsibilities of a particular position have the right to be employed without discrimination, including employment as civil servants, workers, employees, apprentices or interns. In relation to elections, Article 45 states that stigmatization and discrimination against candidates with disabilities shall be prohibited. Inter-Ministerial (MoSVY and MoLVT) Circular No. 005 MoSVY.SRNN, dated 20 September 2012, also refers to discrimination.

The *National Strategic Development Plan 2019-2023* (NSDP) was formulated for the implementation of the *Rectangular Strategy Phase IV* with the identification of priorities, indicators and timeframes, and to contribute to achieving the CSDGs. The rights and needs of persons with disabilities are addressed under the RGC's priority policy on strengthening gender equality and social protection with activities such as: developing the welfare of persons with disabilities; increasing the efficiency of services to provide the social security fund for veterans and families; and, maintaining sustainability in providing services for persons with disabilities. Persons with disabilities are also specifically mentioned in areas relating to education and culture.⁴⁸ Priority 4 of the Sendai Framework is reflected in the NSDP which includes actions to enhance disaster preparedness for effective response with the aim to "Build Back Better" in recovery, rehabilitation, and reconstruction.⁴⁹

In November 2018, the RGC adopted the *Cambodian Sustainable Development Goals* (CSDGs), the nationalized framework based on the SDGs. Persons with disabilities are specifically referenced in five

⁴⁷ The action plan is currently only available in Khmer

⁴⁸ *National Strategic Development Plan 2019-2023*, adopted by promulgation of law on 25 July 2019

⁴⁹ For more information, see UNDRR. *Disaster Risk Reduction in Cambodia: Status Report 2019*. Bangkok, Thailand, United Nations Office for Disaster Risk Reduction (UNDRR), Regional Office for Asia and the Pacific, July 2019 Sendai Framework, p. 215

targets and two indicators.⁵⁰ UNDP is currently assisting the RGC (Ministry of Planning) in developing mechanisms for monitoring progress as well as in review of SDGs' target and indicators.

In response to the COVID-19 pandemic, Cambodia passed the Law on National Administration in the State of Emergency (also known as the 'state of emergency' law). Also in that context, on 28 April 2020, the Law on the Management of the Nation in State of Emergency came into effect. Drafted in response to COVID-19 without public consultation, it empowers the Government to declare a state of emergency for up to three months, which can be extended for a further three months without review. It also allows for restrictions on – inter alia – the exercise of freedoms of movement and assembly, the right to obtain information, the right to privacy and the right to work. The Special Rapporteur on the situation of human rights in Cambodia and other special procedures of the Human Rights Council sent a communication to the Government on the then bill. In a joint statement on 17 April 2020, several special procedure mandate holders stated that the draft law risked “violating the right to privacy, silencing free speech and criminalizing peaceful assembly”. OHCHR shares the Special Rapporteurs' concerns both as to the expedited passage of the law and to its substance, and that the provisions relating to derogation were vague and overly broad in scope, and subject to insufficient review and oversight. In March 2020 the RGC established the National Committee for Combating COVID-19, chaired by the Prime Minister. The committee comprises key officials from various ministries including the army, national police, national military police, and governors of all cities and provinces. An inter-ministerial committee has also been established to combat COVID-19 headed by the Minister of Health (MoH). Persons with disabilities are not specifically represented on these committees.

The MoH, with support from the WHO, US Centers for Disease Control and other development partners, updated Cambodia's existing pandemic response strategy in March 2020. The *National Action Plan: Preparing for and Responding to Novel Coronavirus (COVID-19) in the Kingdom of Cambodia* (Master Plan) defines four strategic approaches: reduce and delay transmission; minimize serious disease and reduce associated deaths; ensure ongoing essential health services particularly during epidemic peak periods; and minimize social and economic impact through multi-sectoral partnerships. Persons with disabilities and their families are considered in measures to minimize the impact of the pandemic on vulnerable groups. The WHO is supporting capacity building at the provincial and district level around key priority areas.

Access to justice

Many persons with disabilities in Cambodia face multiple disadvantages and can be particularly vulnerable to abuse and other violations of their rights. When violations occur, there are limited options for redress, whether through formal legal actions or other grievance mechanisms. Without access to justice, persons with disabilities are unable to exercise their rights, challenge discrimination, have their voice heard, or hold authorities accountable. In Cambodia, there are no systemic mechanisms which are aimed specifically at supporting persons with disabilities when they need legal assistance, or effective mainstreaming of persons with disabilities into broader justice mechanisms.

Persons with disabilities in Cambodia face many barriers in accessing mainstream access to justice programs, such as: fear of sharing their personal story with authorities; reluctance of the family to report incidents; physical barriers in accessing police stations, courts and other public buildings, and a lack of accessible transport; lack of awareness among police, lawyers and other officials on the rights of persons with disabilities and needs for reasonable accommodation; lack of access to qualified legal assistance and representation; attitudes towards persons with disabilities; lack of awareness of persons with disabilities on their rights and available services; and, lack of accessible information and accommodations, including signage and communication that is sensitive to their needs; access to

⁵⁰ For more information see, *Cambodian Sustainable Development Goals (CSDGs) Framework 2016-2030*, approved by the Council of Ministers, 19 November 2018

professionals such as interpreters and psychologists during the judicial process; and, complicated court procedures.⁵¹ In addition, judges, prosecutors, clerks and lawyers particularly at the subnational level have limited knowledge about CRPD and disability in general which can result in unfair treatment of persons with disability during court proceedings.

Goal 6.1 of the NDSP2’s Strategic Objective 6 aims to promote the provision of justice services to persons with disabilities, in particular women and girls with disabilities.

UNDP and UNOHCHR are implementing the *Access to justice without barriers for persons with disabilities* project. Through the project judges, prosecutors, court clerks and lawyers, and provincial DACs are being trained to better implement the CRPD in areas of access to justice. CDPO and OPDs have improved knowledge of the judicial process and legal aid services, and persons with disabilities are supported to access legal aid, if required. However, these results have limited geographic coverage (6 out of 25 provinces) and need to be scaled up. COVID-19 restrictions limited opportunities to provide training through the Access to Justice project.

Women with Disabilities

Current policies and legislation rarely recognize specific needs of women with disabilities. Women and girls with disabilities experience high rates of violence, have more difficulties in accessing justice, education, health (particularly reproductive health and post-natal care), counselling and have fewer opportunities for getting a job or improving their skills. Some of the issues stated by WWFs highlighted difficulties in participation in economic life on equal terms, inability to provide proper care and education for their children, limited access to health services and hygiene products and low participation in decision making at all levels. The situation has been further exacerbated by Covid 19 pandemic.

Summary of key challenges (Equality and non-discrimination)

Persons with disabilities living in more remote or less developed provinces benefit less from available services and implementation of laws. Local police force, judicial system, education and health centers are less sensitive about rights of persons with disabilities and have limited capacities to carry out their work (limited budget, lack of transportation means, human resources and technical expertise).

Persons who are deaf, blind or have psychosocial disabilities are more vulnerable compared to other disability groups due to unavailability of appropriate infrastructure, services, equipment, access to information and limited participation/representation

Women with disabilities are particularly disadvantaged and face higher levels of discrimination due to low level economic empowerment, loss of income followed by loss of self-confidence as a consequence of Covid 19, inability to participate in economic life on equal terms, inability to provide proper care and education for their children, limited access to health services and hygiene products and low participation in decision making

⁵¹ For more information, see Janet E. Lord, Katherine N. Guernsey, Joelle M. Balfe, Valerie L. Karr, and Allison S. deFranco, Nancy Flowers, Editor, Chapter 12: Access to Justice, *Human Rights. YES! Action and Advocacy on the Rights of Persons with Disabilities*, Second Edition, Human Rights Education Series: Topic Book 6, University of Minnesota Human Rights Center, Minneapolis, 2012, 138; see also UNDP, *Strengthening Judicial Integrity through Enhanced Access to Justice: Analysis of the national studies on the capacities of the judicial institutions to address the needs/demands of persons with disabilities, minorities and women*, Bratislava, UNDP, 2013, 28-29; and, UNDP, *Programming for Justice: Access for All: A Practitioner’s Guide to a Human Rights-Based Approach to as a party to the CRPD Access to Justice*, Bangkok, UNDP, 2005, 173-175

Persons with disabilities in Cambodia face discrimination and additional barriers in accessing justice and services

Accessibility

Access to information is one of the main barriers to meaningful participation for OPDs. This is an issue particularly in access to information related to emerging issues in which persons with disabilities and their organizations have not been involved before, such as social protection, services available (provided by government and IO/NGOs), legal assistance, other types of public assistance, and the impact and consequences of the COVID-19 pandemic.

Many persons with disabilities do not have access to technology (e.g, smart phones, internet) and rely on family members as a source of information. During the pandemic, OPDs reported that some persons with disabilities couldn't receive important public announcements regarding Covid related lockdowns, restriction of movements, health instructions and information regarding vaccination. Specifically vulnerable are people who are deaf, blind or have psychosocial disabilities.

Lack of information is a barrier to OPDs participating in consultations, policy-making and decision making processes. The lack of information applies not only to participation at the community level, but also in debates and discussions at the highest level. Access to information is critical for OPDs to be able to take decisions. It also provides a means to increase the meaningful participation and visibility of OPDs.

The issue of accessibility of public places and service is addressed under several chapters of the Disability Law, including:

- Chapter 5: Public Accessibilities, Articles 21 to 26
 - All public places shall be made accessible for persons with all types of disabilities for instance: ramps, accessory rails in bathrooms and signs.
 - The competent ministries authorizing construction plans, constructions and inspection of constructions of public places shall ensure the accessibility for persons with disabilities.
 - The organization for public accessibilities or the means of transportation for persons with disabilities shall be determined by an inter-ministerial Prakas by the Ministers in charge of Social Affairs and other concerned ministries/institutions.
 - Persons with disabilities have the right to acquire a driving license. The capacity to drive, as well as the type of vehicles for persons with disabilities, shall be defined by an inter-ministerial Prakas by the Ministers in charge of Public Works and Transport and Health. The Prakas on providing persons with disabilities with a driving license was approved on 3 December 2020.
 - The Ministry in charge of Public Works and Transport shall issue a vehicle registration card and special driving license to persons with disabilities.
 - All public places with parking facilities shall arrange special parking spaces for persons with disabilities. The organization for parking spaces for persons with disabilities shall be determined by a Prakas of the Minister in charge of Public Works and Transport.
 - All public places with bathrooms shall arrange a bathroom for persons with disabilities.
- Chapter 6: Education, Article 29
 - The Ministry in charge of Education shall develop programs for educational establishments to provide accessible facilities for pupils and students with disabilities with regard to the following: buildings, classrooms and study places; sign language and Braille; educational techniques and pedagogy corresponding to the types of disabilities; study

materials or other equipment to assist pupils and students with disabilities; training and teaching materials for teachers or professors and others corresponding to the actual needs of each pupil and student with disabilities.

Articles 57 and 58 of the Disability Law relate specifically to penalties for non-compliance with Articles 21, 22, 23 and 26 on accessibility of public places. Public places built before the adoption of the Disability Law should be adapted within a maximum period of five years. Fines for non-compliance range from 100,000 to one million Riel (USD 25 to USD 250). Nevertheless, there appears to be no functional mechanisms to enforce the law or collect penalties. The DRA and the PWDF have a mandate to impose penalties and collect fines but lack the human resources and influence to do so. No provision is made for penalties for new public places that are not accessible to persons with disabilities. MoSVY (DRA) and Ministry of Land Management, Urban Planning and Construction (MLMUPC) are tasked for monitoring the implementation of these articles. Currently there are efforts to enhance the implementation and monitoring of compliance with accessibility provisions through revisions in the new law and enactment of sub-decrees and Prakas.

Limited access to physical infrastructure and accessible information is a significant issue for many persons with disabilities in the country. CDPO has been actively involved in raising awareness on accessibility, including on accessible WASH facilities. Cambodia did not have national guidelines to promote an enabling environment and remove the barriers that hinder equal participation in the community. In a new development, on 22 May 2020, National Accessibility Guidelines based on the social model and a rights based approach were adopted. As an ACCESS program implementing partner, HI is developing a practical training toolkit and will provide training on the national accessibility standards and conduct an audit on accessibility of transportation. The Access to Information Law is expected to be enacted during 2021.

Strategic objective 4 of the NDSP2 addresses the issue of accessibility. Strategies are proposed to achieve three goals:

- Improve physical infrastructure and other equipment for persons with disabilities (six strategies).
- Improve public transportation and other equipment for persons with disabilities (seven strategies).
- Improve means of communication, knowledge and information technology including devices and other services for persons with disabilities (five strategies).

Implementation of the NDSP2 and the review of the Disability Law to bring it into line with the CRPD has the potential to improve both physical accessibility and accessibility of information and communication for persons with disabilities at the national and sub-national level. Significant financial resources will be required to improve accessibility of existing public buildings and infrastructure.

In 2012, the Prime Minister Hun Sen reportedly called for Cambodian television stations to create programming to accommodate deaf people. Again in 2019, he called on TV stations to include sign language on screen when broadcasting news programs, saying he would “monitor” them. But with only around six professional sign language translators to serve the 25 provinces and the capital Phnom Penh, progress has been slow.⁵²

During the COVID-19 pandemic, the ACCESS program supported implementing partners to ensure that persons with disabilities had access to information about the pandemic. Activities included:

⁵² Amid Pandemic, Cambodian Sign Language Education Needed More than Ever, Sokummono Khan and Hean Socheata, *VOA Khmer*, 26 May 2020

- CDPO took part in consultations to develop Information, Education and Communication (IEC) materials on COVID-19; broadcast a radio spot on COVID-19 prevention measures via VPD radio station and Facebook page; broadcast three video spots on COVID-19 prevention measures on CDPO Facebook page; and, collaborated with project partners, including the Deaf Development Programme (DDP) to have a Cambodia Sign Language interpreter during weekly live COVID-19 press conferences on Fresh News and other news media.
- HI participated in the COVID-19 Task force to design easy-to-read posters and communication materials and distribute to beneficiaries in intervention areas.
- LFTW collaborated with MoSVY to develop easy-to-read posters on COVID 19; and, collaborated with different development partners to produce educational materials on COVID-19. The DWPD distributed 4,000 posters to communes and districts through OPDs.
- UNDP produced five video spots to raise awareness on COVID-19, specifically in the context of persons with disabilities. The videos were shared using different media sources, such as social media and local TV channels.

With the shutting down of public transport during the pandemic, persons with disabilities faced considerable challenges in accessing services including healthcare, rehabilitation, and access to markets to buy food. While some private transport was available, many people were afraid to use it because of the fear of contracting COVID-19 from other people in the vehicle.

Women with disabilities

In addition to the above women with disabilities are facing additional challenges in accessing health (particularly maternal health) facilities due to unfriendly infrastructure and lack of counselling, support and assistance services for victims of violence.

Summary of key challenges (accessibility)

Lack of information and/or accessible information is one of the main barriers for inclusion and meaningful participation for persons with disabilities and OPDs. In addition, lack of access to information prevents persons with disability in accessing services, participating in consultations, policy-making and decision-making processes.

Limited access to physical infrastructure, transport and accessible information is significant barrier for persons with disabilities participation in community life, in accessing services, justice, participation in economic activities and decision making

There is a limited implementation of national legislation (e.g. Disability law), strategies and guidelines related to accessibility which hinders inclusion of persons with disabilities

Persons with disabilities from the most marginalized groups (deaf, blind and psychosocial) are additionally affected by lack of accessibility of information, infrastructure, transport, services and technology which prevent inclusion

Inclusive service delivery

Social protection

National Social Protection Policy Framework

Article 36 of Cambodia’s Constitution entitles every Khmer citizen to obtain social security and other benefits determined by law. In 2017, the RGC established the *National Social Protection Policy Framework 2016-2025* (SPPF) which outlines an ambitious vision to expand coverage and increase

coherence between social assistance, social insurance and labour market schemes.⁵³ The RGC's long-term vision is to build an efficient and financially sustainable social protection system which serves as a policy tool for reducing and preventing poverty, vulnerability and inequality. The National Social Protection Council (NSPC) has been established as the coordinator at the policy level. The NSPC is composed of high-ranking representatives from relevant ministries and institutions.

The SPPF focuses on two pillars: social assistance and social security.

- Social Assistance provides protection to citizens who live below or near the poverty line, with special attention to children and pregnant women, persons with disabilities, and the elderly. Social Assistance is divided into four components:
 - emergency response
 - human capital development
 - vocational training
 - welfare for vulnerable people.
- Social Assistance programs that have been implemented include:
 - the Health Equity Fund (HEF) to provide free health care to families holding IDPoor cards
 - school feeding programs
 - scholarship programs for primary schools to encourage school attendance, especially for children from poor households, including children with disability
 - vocational training programs to promote vocational skills to meet labour market demands, increase abilities to find a job, and work rehabilitation services focusing on persons with disabilities.
- Social Security consists of five components:
 - pensions
 - health insurance
 - employment injury insurance
 - unemployment insurance
 - disability insurance.
- Social security schemes that have been implemented include the PWDF.

A number of challenges have been identified in implementing social protection programs, including that the coverage of social assistance is limited and cannot reach certain groups of citizens, such as persons with disabilities. Future strategies and plans to achieve the aims and objectives of the SPPF include preparations for the implementation of new Social Assistance programs, and the expansion of the coverage of existing programs, in order to ensure better protection for poor and vulnerable people. These include increasing and strengthening vocational training programs, specifically for youth from poor and vulnerable households, and the implementation of cash transfers for persons with disabilities.⁵⁴

Identification of Poor Households Program (IDPoor)

Approximately one in five Cambodians live in poverty. The RGC implements a standardized procedure, the Identification of Poor Households Program (IDPoor), for identifying households nationwide. IDPoor was promulgated by Sub-Decree 291 on Identification of Poor Households in December 2011. The sub-decree regulates the management and implementation of identification of poor households, and the utilization of poor household data.

⁵³ For more information, see RGC, *National Social Protection Policy Framework 2016-2025*, approved by the Council of Minister, 24 March 2017

⁵⁴ RGC, *National Social Protection Policy Framework 2016-2025*. approved by the Council of Ministers on 24 March 2017, p. xvi-xvii

Governmental institutions, NGOs and development partners use the data for targeted poverty alleviation interventions. To assess poverty, villagers elect representatives for a Village Representative Group (VRG) to interview households using standardized poverty criteria. Poor households are identified using criteria such as land ownership, potential earning members, size of household, and possession of motor bikes or agricultural equipment. VRGs are trained in poverty identification.⁵⁵

The identification of poor households is implemented in yearly rounds, covering one third of the country every year. There are three steps for households to get an IDPoor card:

- Those who need an IDPoor card submit an application form to the VRG.
- The VRG meets with applicants for an assessment interview to determine if they meet the criteria.
- The VRG then discuss the results openly to determine whether the household fulfills the criteria for IDPoor 1 (very poor) or IDPoor II (poor) before finalizing a list of poor households for each village.⁵⁶

The Commune/Sangkat Council reviews and endorses the final list of poor households agreed by the VRG.

Eligibility for IDPoor is reassessed every three years. Poor households with an IDPoor card are given access to social services such as free health care, social transfers, reduced government fees, school feeding programs, assistance with shelter, and running water.

An “On-Demand” IDPoor mechanism is being piloted. It is important to recognize that persons with disabilities are not assessed as individuals as the IDPoor card is based on the situation of the household.⁵⁷ Although, having a family member with disability increases chances for household to receive ID Poor card and benefits, this is not always the case. Some ODPs stated that decision on getting an ID Poor card status is arbitrary.⁵⁸ In addition, if the family has a bigger house (or concrete house), vehicle or moto-bike, or livestock it is not eligible to benefit from ID Poor scheme (even though they have persons with disabilities in their household).

ID Poor card last for 3 years after which the family needs to apply for extension. Due to lack of knowledge or lack of documents needed for renewal (obtaining these involves certain costs) many families are left without this benefit after expiration of 3 year period.

Disability allowance

The RGC implements an allowance scheme for persons with disabilities as indicated in the Sub-decree on Allowance for People with Disabilities at Community Level. The scheme focuses on persons with disabilities who are members of households holding an IDPoor card.

The RGC established the disability allowance in 2013 with a budget of USD 1 million. The program, administered by MoSVY, is intended to provide a monthly allowance of USD 5 to individuals with disabilities who are poor, elderly or without family support. Eligibility is verified by local authorities. There have been significant challenges in disbursing this fund.

MoSVY, with the support of UNICEF, developed social-based disability identification tools that are intended to cover the whole country by the end of 2021. UNICEF continues to support MoSVY with

⁵⁵ For more information, see <https://www.idpoor.gov.kh/about/process> (access 20 December 2020); see also No: 291 ANKr. BK

Sub-decree on Identification of Poor Households, No. 291 ANKr.BK, dated 27 December 2011

⁵⁶ For more information, see <https://www.idpoor.gov.kh/about/process> (accessed 20 December 2020)

⁵⁷ See also, https://www.idpoor.gov.kh/files/documents/Summary_of_IDPoor.pdf (accessed 11 January 2021)

⁵⁸ It's decided by Commune Council based on recommendation of village chief

the refining of the tools and the roll-out of the national disability identification. An important component of the program is the development of a Management Information System (MIS) for disability identification and disability allowance administration that will be linked with other sources of data on disability development by other development partners.

The identification tools should serve to better target social protection and care services. This tool should address the previous weak system for identification of children with disabilities that is mainly based on a medical assessment, with a focus on physical disabilities over other forms of disability. Another limitation to be addressed is that early intervention services at the community level are non-existent or underdeveloped.

The identification process is being rolled-out with the aim of strengthening the availability of the data on persons with disabilities, to inform the targeting of the poverty-based disability allowance cash transfer program and the revision and upgrading of the disability allowance program.

By December 2020, 854 focal points had been trained on how to use the identification tool and collect data in eight provinces – Banteay Meanchey, Kampong Cham, Kampong Thom, Kratie, Oddar Meanchey, Siem Reap, Steung Treng and Tboung Khmum. Trainers have been identified to train data collectors in the other 17 provinces. Registration of persons with disabilities can now be completed online. As of December 2020, a total of 16,373 persons with disabilities from six provinces were receiving the disability allowance.

A rapid assessment questionnaire has been developed by the DWPD, in collaboration with UNICEF, to find out more about access to the disability allowance. The survey will be conducted in 2021 in the DWPD's five target provinces: Battambang, Kampong Cham, Kampong Speu, Siem Reap and Tboung Khmum.

The NSDP acknowledges that the mechanism for identification of persons with disabilities is still inadequate, leading to some persons with disabilities not benefiting from the RGC's policies and those of development partners. The NSDP also notes that the support scheme for persons with disabilities in the community only operates in five provinces because of the limited identification of poor persons with disabilities all over the country and limited budget allocations, capacity of sub-national officials, resources, and technology.⁵⁹

Future strategies to improve social protection

Future strategies of the RGC in the context of social protection with the potential to benefit persons with disabilities, include, among other strategies:

- Reform on identification of persons with disabilities – revise necessary mechanisms and procedures with priority on poor persons with disabilities, strengthen organizational capacity and the capacity of technical staff, develop necessary ICT systems and improve database management.
- Review conditions for the provisions of protection and support – review the eligibility conditions and mechanisms to ensure that benefits are provided to persons with disabilities in an equitable manner.
- Promote contributions from private sector – incentivize the private sector to contribute to funding of the PWDF through various measures such as tax deductible expenses.
- Increase vocational training for persons with disabilities – encourage all persons with disabilities to participate in vocational training so they can go back to work or start their own business and establish employment services for persons with persons with disabilities who complete vocational training.

⁵⁹ *National Strategic Development Plan 2019-2023*, p. 86

- Integrate the management of the PWDF – the RGC will integrate the management of the PWDF and assign it to a single social security operator to improve the cost-effectiveness of spending and enable cross-subsidy from the surplus of other schemes to help promote the welfare of persons with disabilities.⁶⁰

Cash Transfer Program for Poor and Vulnerable Households during COVID-19

During the COVID-19 pandemic, the **Cash Transfer Program for Poor and Vulnerable Households during COVID-19** was established after being approved by the Prime Minister on 24 June 2020. The program is linked to IDPoor, which is based on an assessment of poor households which may or may not include a family member with disability. The European Union, Swedish International Development Agency (SIDA), GIZ, Save the Children, UNDP, UNICEF, and other partners provide technical support to the Program.

OPDs and other stakeholders raised awareness among persons with disabilities and their families about the program, and also advocated with local authorities to enable eligible households with a family member with disability to register for the IDPoor card.

The Cash Transfer Program, which started on 25 June 2020, was designed to provide a monthly allowance to poor households at their current residence according to the level of their IDPoor card, vulnerability and region. The RGC anticipated that approximately 560,000 households would be eligible for the program, at a monthly cost of around 1 billion Riels (approx. USD 25 million). To be eligible for the cash transfer program, households must have an IDPoor card.

Each eligible household receives the same monthly base amount regardless of the number of household members, supplemented by the number of people in the household, and for different vulnerabilities. Phnom Penh residents receive a higher amount than those living outside Phnom Penh.⁶¹

	Phnom Penh		Other urban		Other rural	
	IDPoor I	IDPoor II	IDPoor1	IDPoor II	IDPoor I	IDPoor II
Household	\$30	\$30	\$30	\$30	\$20	\$20
Each member	\$13	\$9	\$10	\$7	\$6	\$4
Vulnerable member						
Child aged 0-5	\$10	\$7	\$10	\$7	\$6	\$4
Disability	\$10	\$7	\$10	\$7	\$6	\$4
Adult aged 60+	\$10	\$7	\$10	\$7	\$6	\$4
HIV/AIDS	\$10	\$7	\$10	\$7	\$6	\$4

Up to 24 November 2020, the RGC had provided cash transfers to the target groups five times. The table below details the outcome of implementation of the first Cash Transfer support to vulnerable and poor families during the third round of COVID-19 support. The table provides information on the number of households, number of people in households, together people considered vulnerable, including 59,647 persons with disabilities. Information is also provided on how much money was distributed to the target groups in different locations.⁶²

	Number of households	of	Number of people						Total cash transfers
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⁶⁰ RGC, *National Social Protection Policy Framework 2016-2025*, approved by the Council of Ministers on 24 March 2017, p. 38

⁶¹ World Bank, *The Socioeconomic Impacts of COVID-19 on Households in Cambodia: Report No.1*, November 2020

⁶² MoSVY announcement on Cash Transfer Program

	IDPoor 1	IDPoor II	in household	Children 0-5 years	Older persons over 60	Persons with disabilities	Persons with HIV	Total cash transfers Riel	Approx. USD
Phnom Penh	1,844	2,477	18,948	1,150	2,967	2,456	6	1,548,832,000	387,208
Urban	15,665	13,221	129,956	11,010	13,994	7,848	3	9,081,876,000	2,270,469
Rural areas	242,122	398,817	2,527,836	224,739	299,325	49,343	1,955	109,881,896,000	27,470,474
Total	259,631	414,515	2,676,740	236,899	316,286	59,647	1,964	120,512,404,000	30,128,101
	674,146								

Due to difference in classification criteria, the DWPD reports that approximately 100,000 persons with disabilities were accessing the program as of late November 2020.⁶³ ACCESS programme is currently providing assistance to RCG to synchronize databases of MoSAVY and MoP as to determine the exact number of persons with disabilities benefiting from some sort of social protection.

During consultations with persons with disabilities and NGOs, it was identified that some of the barriers persons with disabilities and their families have faced in accessing an IDPoor card and the Cash Transfer Program include: a lack of awareness of the program; the VRG may not have had accurate information about eligible households; and, some persons with disabilities who had an IDPoor card did not realize it had expired. The process of obtaining a new IDPoor card takes time as the assessment process starts again.

In order to be considered for the ID poor card/scheme person with disability must have a birth certificate and family card which very often is not the case, particularly in more remote areas. Obtaining these documents cost money and can be a long administrative process. So there is a clear need to revise and if possible simplify the identification and registration processes as to include more persons with disability. However, one of the challenges is that due to slump in the economy caused by Covid-19 pandemic, the budget allocated to MoSAVY and MoP has been decreased and probably couldn't sustain large increases in number of beneficiaries in short term.

Disability support services

The NDSP2 provides a policy context for the provision of disability services for both government agencies and other services providers. While the RGC takes responsibility for the provision of health, education, rehabilitation and other social services the majority of services for persons with disabilities, particularly at the sub-national level, are provided or supported by NGOs, OPDs, IOs or international agencies.

There are limited disability support services related to sign language interpretation and personal assistance in Cambodia. Only two NGOs – Krousar Thmey and DDP – run programs to support deaf people, people with hearing impairment, blind people and people with visual impairments. Their programs include sign language training, inclusive education and vocational training. Both organizations worked on harmonization of common Cambodian Sign language and formed Sign Language Committee which was recently fully transferred to the Ministry of Education with the 5 special schools previously run by KT. The Sign Language Committee is now under the administrative management of the newly created National Institute for Special Education (NISE)⁶⁴, under Ministry of Education. KT, DDP, and NISE are committed to continue working hand in hand to empower this Committee. The ABC also runs programs for people who are blind. Two organizations (TPO Cambodia

⁶³ Meeting with Yeap Malyno, Director of Department of Welfare for Persons with Disability, MoSVY, 25 November 2020

⁶⁴ For information: the majority of NISE team came from KT (They were granted civil servant status by the Ministry of Education, working at NISE from 2019). This was a part of the whole process of hand over from KT to the Ministry.

and Social Services of Cambodia) are also currently providing services for persons with psychosocial disabilities.

Only one NGO, the PPCIL provides personal assistance services. PPCIL empowers people with severe disabilities to live independently by providing basic education and vocational training and assisting in identifying housing units and employment opportunities that are accessible for persons with disabilities.

A comprehensive mapping of the types of services available and to whom, the coverage of each type of service, funding, affordability, and what services are missing, is beyond the scope of this analysis. Nevertheless, such a mapping would be beneficial as NGOs report a reduction in donor funding during the pandemic which will likely result in a change in the availability of services in some provinces and districts. Some NGOs raised concerns during consultations as to whether the organization could survive without new donors being found. There is no known mechanism to register the number of persons, including professionals, who have been certified to provide support services per 1,000 persons with disabilities.

Disability support services were impacted during the pandemic as COVID-19 restrictions resulted in the suspension of many home-based services. It was difficult to provide some treatments due to social distancing. In other cases, staff were afraid to visit people in their homes because of the fear of being infected by the virus so did not go to work. Persons with disabilities also faced challenges in accessing services due to the limited availability and cost of transport.

Health

Healthcare services are implemented in the framework of the *Health Strategic Plan 2016-2020*. A working principle of the Health Strategy is Equity: Removing socio-cultural, geographical, financial and bureaucratic barriers in access to and utilization of quality health services, especially by poor and vulnerable people, including persons with disability, ethnic minorities and elderly.⁶⁵

Strategic intervention 21 of the Health Strategy is to build, upgrade, renovate and maintain public health facilities according to the updated Health Coverage Plan and Health Infrastructure Building Briefs with the outcome being increased access to and expanded coverage of health.⁶⁶

The Health Strategy notes that although mental health conditions are high, the health system is still ill-equipped to deal with the demand and community programs to manage the conditions are limited. Psychiatric services and primary mental health services are available in 73 Referral Hospitals and 194 Health Centers.⁶⁷ MoSVY has social workers who could support the provision of mental health services, but a system to coordinate activities would be needed.

Strategic Objective 2 of the NDSP2 aims to increase access to health and rehabilitation services. Three of nine strategies refer to quality health care for persons with disabilities. Strategic Objective 9 aims to strengthen cooperation at national and international levels and ensure reliable and comparable disability statistics, but health data is not specifically mentioned. The UN has been supporting RGC to conduct the Cambodia Demographic Health Survey (CDSH) and the WG questionnaires has been included. The report will be finalized in 2022.

The *National Strategy for Reproductive and Sexual Health in Cambodia 2017-2020* aimed to contribute to the better health and well-being of all people in Cambodia by improving the reproductive and sexual health status and rights of women, men and young people. Persons with disabilities are a target group

⁶⁵ *Health Strategic Plan 2016-2020*, p. 64

⁶⁶ *Ibid*, p. 96

⁶⁷ *Ibid*, p. 51

for attention under the strategy. As noted previously, UNFPA have key mandate to support universal access to sexual and reproductive health services and information, including for women and girls with disabilities. The Royal Government has developed and implemented a comprehensive Social Protection Policy Framework 2016-2025, in response to national development priorities and including restructuring of the management institutions. Specifically, the government is implementing the food reserve program, school feeding program, and a scholarship program for poor students with 60 percent for girls, as well as cash support for pregnant women and children of poor families as part of the social assistance program. In addition, the government has put in place (rolled out) the health equity fund, expanded the national social security on health care and occupational risks for workers and employees under the Labour Law, rolled out a health insurance scheme for civil servants, retirees and veterans and established the Persons with Disabilities Foundation.⁶⁸

The NDSP2 includes a strategy to increase understanding about appropriate reproductive health according to age and access to information on appropriate reproductive health, under Strategic Objective 7 relating to ensuring gender equality. An assessment of the affordability of health care at primary, secondary and tertiary levels for persons with disabilities is beyond the scope of this analysis.

All Cambodians do not currently have access to Universal Health Coverage (UHC). Cambodia has a vision to reach UHC, in accordance with the SGDs and the CSDGs. The main aim of developing a universal healthcare system is to maintain social solidarity by providing every Cambodian citizen with affordable and high quality healthcare.⁶⁹ The National Social Protection Working Group, led by the MoEF and comprised of the MoH, MoLVT, MoSVY, and representatives from other government entities has been tasked with advancing the development of a social health protection strategy that will help Cambodia achieve its UHC goals.⁷⁰

Cambodia has three types of health insurance schemes operated to serve specific target groups: Health Insurance Scheme for Poor People and for Children (Health Equity Fund – HEF); Community Based Health Insurance Schemes; and Private Health Insurance. Persons with disabilities are currently not automatically covered by any of these schemes.⁷¹ The RGC will assess possibilities to gradually include other vulnerable groups such as persons with disabilities into the scope of the HEF, depending on the fiscal capacity.⁷² Persons with disabilities with an IDPoor card have access to the HEF. Community Based Health Insurance Schemes and Private Health Insurance are available to persons with disabilities who can pay the premiums.

During consultations with OPDs, NGOs and individuals, it was indicated that some persons with disabilities continue to face a number of barriers in accessing health care services, including: no money for services or transport to services; limited availability of appropriate services; physical barriers; and inadequate skills and knowledge of health workers in some areas. A comprehensive assessment of persons with disabilities access to health care, mental health, referral mechanisms, and other services in the community and at primary and secondary care levels in provinces and districts, or whether there are sufficient qualified health care providers, was beyond the scope of this analysis. However, such an

⁶⁸ <https://www.unwomen.org/en/csw/csw64-2020/-/media/headquarters/attachments/sections/csw/64/national-reviews/cambodia.pdf>

⁶⁹ *National Social Protection Policy Framework 2016-2025*, p. 29

⁷⁰ For more information, see <https://r4d.org/projects/working-towards-universal-health-coverage-cambodia/> (accessed 20 December 2020)

⁷¹ *National Social Protection Policy Framework 2016-2025*, p. 27

⁷² *Ibid*, p. 31

analysis would support advocacy efforts to improve the wellbeing of persons with disabilities and their access to services and supports.

Health information, awareness campaigns and preventive measures on COVID-19 have been provided in accessible communication formats, and addressed the different types of disabilities. MoSVY's DWPD, CDPO, OPDs, UN agencies and NGOs working with and for persons with disabilities disseminated information through social media, radio, television, and through the distribution of posters at the national and sub-national level. Disseminating the information was challenging particularly in rural and remote areas, particularly where people did not have access to social media, radio or television, and where local organizations did not travel to remote communities for fear of catching COVID-19, or when a drop in financial resources limited their ability to undertake program activities.

During consultations, persons with disabilities reported experiencing discrimination but not specifically in relation to accessing health care or rehabilitation. Discrimination appeared to be based on fear and not knowing if the other person was infected with COVID-19, rather than specific disability-related discrimination.

Persons with disabilities have access to COVID-19 testing clinics on an equal basis with others in the community, if needed. During consultations, no one was aware of any person with disability who had needed to access a testing clinic.

Rehabilitation

The MoH transferred responsibility for the PRCs to MoSVY⁷³ in 1989. The MoH currently provides limited rehabilitation services in provincial and national-level hospitals. However, there is a growing recognition of the need to enhance hospital-based rehabilitation services, including out-patient services, in order to minimize the long-term impact of disabling conditions. Private hospitals also provide physiotherapy services.

Physical Rehabilitation services, including physiotherapy and the provision of prostheses, orthoses and other assistive devices are provided by eleven PRCs nationwide: Phnom Penh; Kien Khleang (Phnom Penh); Battambang; Kampong Cham; Kampong Chhnang; Kampong Speu; Preah Sihanouk; Prey Veng; Siem Reap; Svay Rieng; and Takeo. Initially, IOs and NGOs supported and managed the PRCs. But over the past decade, the PRCs have transitioned to the PWDF to coordinate and manage.

In addition, there is a Spinal Cord Injury Center (SCIC) in Battambang and the Orthopedic Component Factory (OCF) in Phnom Penh. The OCF provides components to the PRCs. Initially all these facilities were established and supported by IOs or NGOs. The International Committee of the Red Cross (ICRC) continues to support the PRCs in Battambang and Kampong Speu. EXCEED continues to manage and support three PRCs – Phnom Penh, Kampong Chhnang and Preah Sihanouk. In 2012, MoSVY adopted a Standard Working Procedure (SWP) for PRCs, as part of the Guideline on Physical Rehabilitation, in order to standardize and ensure quality of services at the PRCs.

A new one-stop National Rehabilitation Center is currently being constructed in Kandal province, on the site of the former Banteay Prieb Vocational Training Center. All facilities currently at Kien Khleang will transfer to the new center.

Prior to the pandemic, the number of persons with disabilities seeking services at the PWDF-run PRCs dropped due to limited technical capacities and materials. The number of qualified staff employed in these centers had also dropped since the transition to government services. The production of

⁷³ Formerly, Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MoSALVY)

assistive devices also decreased. Government services are free but some PRCs charge a small contribution based on the person's ability to pay. ACCESS programme is partially addressing these challenges.

Through the ACCESS program, HI is supporting implementation of a minimum package of services for PRCs in Siem Reap, Takeo, Kratie, Prey Veng, and Phnom Penh, including the introduction of Rehabilitation Management System (RMS) and cost calculations. Training and coaching of PRC managers and PWDF staff on leadership, management and governance, and on GBV is also provided.

Jesuit Services Cambodia (JSC) and Veterans International Cambodia (VIC) produce and distribute wheelchairs in their target areas. Social distancing has created challenges in training persons with disabilities on the use of their new wheelchair.

The NGO All Ears Cambodia provides hearing aids and devices for those with hearing impairments. Two NGOs – OIC and CARITAS Cambodia – provide speech therapy services for children.

Physical rehabilitation services are also available through home-based services or as part of CBR programs, targeting in particular children with disabilities or people with spinal cord injuries. Services are mostly provided by NGOs including Disability Development Services Program (DDSP) and Komar Pikar Foundation (KPF) which provide physiotherapy services for children with disabilities. The SCIAC in Battambang works to raise awareness with local authorities on the rights and needs of people with spinal cord injury and provides home-based care in six districts after discharge from the Spinal Cord Injury Center. However, due to limited funding, particularly due to the COVID-19 pandemic all services have been scaled down. Outreach services from PRCs were suspended due to the COVID-19 pandemic. During the pandemic, HI set up a remote rehabilitation system at the Kampong Cham PRC.

It is generally agreed that both the services and the available rehabilitation workforce are insufficient to meet the needs, both in terms of quality, quantity and geographic coverage. Exceed trains Prosthetists and Orthotists and P&O Technicians at the Department of Prosthetics and Orthotics in the Faculty of Prosthetic & Orthotic Engineering at the National Institute of Social Affairs. The training school was formerly called the Cambodian School of Prosthetics and Orthotics (CSPO). In addition, the Technical School for Medical Care provides training for physical therapists, with the Royal University of Phnom Penh's Faculty of Social Science and Humanities offering training in social work. No formal training is available for Occupational Therapists. OIC provides training on speech therapy. Two associations play an important role in the physical rehabilitation sector: the Khmer Association of Prosthetists and Orthotists (KhAPO); and the Cambodian Physical Therapy Association (CPTA).

All IO and NGO providers of rehabilitation services are dependent on donor funding to implement activities. Under the CIDI and DRIC programs, grant funding was available to deliver much needed services and supports to persons with disabilities across Cambodia. During consultations, NGOs, particularly national NGOs, indicated that they were concerned about funding for 2021, with reports of some trained staff no longer employed and others having their salaries reduced.

Education

Cambodia's *Education Strategic Plan (ESP) 2019-2023* focuses on two major policy priorities: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; and Ensure effective leadership and management of education staff at all levels. The Strategic Plan includes strategies to expand access to inclusive education at all levels including pre-school, primary school, secondary school, and technical education and vocational training. Activities include training of teachers and scholarships for children with disabilities. The focus of the plan is to build the skills of teachers to meet the needs of children with disabilities but does not refer to reasonable

accommodation. The plan also includes strategies to develop and promote sport for persons with disabilities.⁷⁴

For children with disabilities, access to school and the possibility of staying in school is lower than for children without disabilities. According to the *Education Management Information System (EMIS)*, in school year 2019-20, an estimated 891 pre-school-aged children with disabilities enrolled in pre-school (377 girls), and 11,934 children with a disability enrolled in primary school (4,906 girls). Data from the UNESCO Institute for Statistics 2018 on educational disparities linked to disability show that 73 per cent of Cambodian 14- to 16-year-olds without a disability have completed primary education, compared to only 44 per cent of their peers with a disability. The study showed a large gap between children with and without disabilities. The out-of-school rate of disabled and non-disabled children was 57 per cent and seven per cent respectively.⁷⁵

Education for children with disabilities is addressed through the 2018 Policy of Inclusive Education and the Inclusive Education Action Plan 2019-2023. UNICEF Cambodia's education program provides technical support and coordination for the MoEYS' institutions responsible for special and inclusive education – the SED and the NISE.

The MoEYS, with the support of UNICEF, is delivering a 28-hour training course on inclusive education for preschools, and primary and secondary school teachers. This training course is being provided as both pre and in-service training through teacher training institutions and by MoEYS' national and sub-national trainers.

UNICEF supported the development of technical teacher training curricula for a specialized teaching course to give teachers the necessary skills to teach children who are visually and hearing impaired. To date, the NISE has rolled out its special diploma course for two student cohorts (38 students) producing specialized teachers for children with disabilities. MoEYS' education officers and trainers at both the national and sub-national levels have benefited from these teacher training initiatives/programs.

An annual National Forum on Inclusive Education brings together MoEYS, NGOs, UNICEF and other stakeholders working in the sector to learn from experts and share experiences.

MoEYS' EMIS 2019-2020 includes a question on accessible latrines ('5 (E) latrine'), following UNICEF advocacy and to be aligned with the global UNICEF/WHO Joint Monitoring Program basic sanitation definition for schools: "Improved sanitation facilities are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility."⁷⁶

In a 2018 study, parents and other stakeholders reported that the main barriers to quality education for children with disabilities was the capacity of teachers to teach inclusive education, the lack of aids and materials, and insufficient dedication of teachers. Teachers identified lack of training and lack of learning materials as the main barriers to providing a quality education.⁷⁷ Some of the reasons given for children with disabilities never attending school include: lack of proper transportation; physical

⁷⁴ Ministry of Education, Youth and Sports, *Education Strategic Plan 2019-2023*, June 2019

⁷⁵ Ministry of Education, Youth and Sport, *Cambodia Education Response Plan to COVID 19 Pandemic*, July 2020, p. 11

⁷⁶ See www.washdata.org (access 24 December 2020)

⁷⁷ NGO Education Partnership, *An Assessment of Children with Disabilities in Accessing Primary Education in Cambodia: Understanding Challenge s, Opportunities, and Ways Forward*, January 2018, p. vi

access barriers; lack of special materials and tools; lack of money to support education; lack of time to study, as children with disabilities need to help with work around the house; and discrimination.⁷⁸

COVID-19 and impact on education

The RGC made the decision in March 2020 to close all education institutions in Cambodia, as a preventative measure against COVID-19. The closure disrupted the learning of more than 3.2 million students, including children and adults with disabilities.

MoEYS' COVID-19 response plan prioritizes strategies to promote the accessibility and inclusion of children with disabilities in the education response. Relevant actions include: sign language and subtitles for video content for children with hearing impairments; radio programs for children with visual impairments; provision of learning devices/equipment and connectivity; and, print media in braille for children with visual impairments. It was acknowledged that in addition to the efforts of parents, teachers play a critical role in deepening the impact of continuous or distance learning programs in Cambodia's COVID-19 response and recovery context.⁷⁹ Key activities in the response plan include: special schools and integrated schools developing individualized education plans with individual learning goals and adaptations for children with disabilities; and, developing a video for parents and teachers on how they can support children with disabilities in pre- and primary school, including setting up routines at home and small groups for learning.⁸⁰

UNICEF supported the MoEYS implementation of some activities ensuring continuous learning opportunities were provided to children with disabilities during the COVID-19 pandemic. UNICEF support enabled MoEYS to integrate sign language into e-learning video clips (for Grades 4-6 and Grades 9 and 12) that were posted on MoEYS online learning platforms, and to transcribe e-lessons (for Grade 9 and 12) into braille and print paper-copies for children with visual impairment. In addition, through NGO partners, continuous learning activities during school shutdowns were organized at the homes of individual children, provided mostly by NGO staff. Some play and learning materials as well as some hygiene supplies were distributed to these children. UNICEF also worked with the NISE to ensure training continued for special education teachers from a distance, including virtual training sessions.

The result of the *Cambodia Rapid COVID-19 Joint Education Needs Assessment* on the impact of COVID-19 on the education sector were scheduled to be released in early 2021. However, the release of the document has been re-scheduled for 2nd part of 2021.

Employment and work

The Vision of Cambodia's *National Employment Policy 2015-2025* is to improve livelihood and dignity of the people and social harmony by providing them with equal opportunities for decent and productive employment. Persons with disabilities are specifically mentioned under Objective 2.2 to improve the quality of and access to education and technical and vocational education and training (TVET). Measure 5 is increase accessibility of education and TVET schemes for disadvantaged groups. People with disabilities are listed as part of disadvantaged groups.⁸¹

Article 33 of the Disability Law states that persons with disabilities who have the required qualifications and competence to carry out the duties, role and responsibilities of a particular position have the right to be employed without discrimination, including employment as civil servants,

⁷⁸ Ibid, p. 13.

⁷⁹ Ministry of Education, Youth and Sport, *Cambodia Education Response Plan to COVID 19 Pandemic*, July 2020, p. 26

⁸⁰ Ibid, pp. 31-32

⁸¹ RGC, *National Employment Policy 2015-2025*, approved by the Council of Ministers at the plenary meeting on 04 September 2015, p. 8

workers, employees, apprentices or interns. The Disability Law is currently under review to bring it into line with the CRPD.

The new NDSP2 has a focus on employment. Strategic Objective 1 of the NDSP2 relates to increased work and economic security. Goal 1.1 seeks to reduce poverty through the promotion of decent work growth. Goal 1.2 aims to strengthen professional and career expansion in order to increase decent livelihood.

Article 5 of Sub-Decree 108 ANKr.BK, dated 30 August 2010, on Employment Quota for Persons with Disabilities states that two per cent of civil servants employed by Ministries and other State entities, employing more than 50 civil servants, must be persons with disabilities. Article 6 states that one per cent of people employed by legal entities employing more than 100 people must be persons with disabilities. Non-compliance attracts a penalty of 50 per cent of the salary that would be paid to a civil servant or worker with disability and is payable to the PWDF.

Inter-Ministerial (MoSVY and MoLVT) Circular No. 005 MoSVY.SRNN, dated 20 September 2012, on Reasonable Accommodation on Employment of Persons with Disabilities, supports implementation of Sub-Decree 108 and provides guidelines for heads of ministries, public institutions and legal entities on the development of a recruitment plan and to ensure reasonable accommodation in the employment of persons with disabilities with required qualifications and competence to carry out the duties, roles and responsibilities of a particular position without discrimination. The Circular includes definitions of key terms such as reasonable accommodation, discrimination, equal opportunity, work safety.

It is important to acknowledge that implementation and enforcement of Sub-Decree 108 and the guidelines is weak. Although mandated to monitor implementation of the quota, the DRA does not undertake inspections or impose penalties for non-compliance. Instead, employers are asked to complete a questionnaire.

The DRA collects data on the number of persons with disabilities employed in government agencies and the private sector to monitor compliance with the quota. In 2019, there were 2,860 civil servants with disabilities (1.95 per cent) working in government institutions, including 789 women with disabilities, and 1,557 severely disabled. In the private sector, 102 units were employing 3,792 persons with disabilities, including 2,162 women with disabilities.

The NSDP acknowledges that the recruitment of persons with disabilities for work has not been implemented for the private sector, and that the DRA is an important mechanism in the preparation of regulations, procedures and guidelines for implementing this task, noting that it is facing a severe shortage of means and resources for implementing its programs.⁸² The lack of reasonable accommodation in workplaces is one of the key barriers for persons with disabilities to obtain formal employment.

MoSVY maintains a 1270 Hotline which persons with disabilities or their families can call with complaints or requests for advice. It was envisaged that the caller will be directed to the appropriate department. No information is available on number of calls received, type of inquiries and callers' satisfaction. However, MoSVY is currently re-assessing the viability of this service as it hasn't produced intended results so far.

In 2020, ACCESS program activities supported 1,256 persons with disabilities to access employment opportunities. Examples of opportunities include: 210 people received training or coaching; 50 women with disabilities attended an entrepreneurship program; 115 people received job or livelihood

⁸² *National Strategic Development Plan 2019-2023*, p. 86

support; 52 people completed financial literacy training; and, 829 people registered in job coaching/services help desk.⁸³

Through the ACCESS program, LFTW is supporting MoSVY's DWPD to implement the National Guideline on Inclusive Vocational Training and Employment for persons with disabilities. Activities will include job coaching and the provision of training to Government staff, including staff from vocational training centers and the National Employment Agency. LFTW set up inclusive business development hubs – "Employment Service Desk" – at the Siem Reap PRC and in Kampong Cham, in collaboration with local partners. The service complements the PRC's social support activities. OPDs will offer similar services at PRCs in targeted provinces. The closure of TVETs due to the pandemic affected some activities.

The DWPD has recruited a consultant to develop a Guideline for Employment of persons with disabilities.

According to participants in consultations and focus groups, COVID-19 restrictions have had a significant impact on employment and livelihoods of persons with disabilities and other Cambodians. The Asian Development Bank (ADB) estimates that 390,000 people lost their jobs in 2020 due to the COVID-19 pandemic.⁸⁴ It is not known how many persons with disabilities are part of this number. The results of the COVID-19 Social Impact survey, when available, will likely provide a clearer picture on the impact of job losses on persons with disabilities as compared to persons without disabilities, and any differences in impacts on women and men.

Other facilities, services and supports

In 2019, MoSVY's inspection of residential care institutions (RCIs) revealed 429 children (175 girls) with physical disabilities, 255 children (124 girls) with intellectual disabilities and 47 children (24 girls) with sensory disabilities living in RCIs. Cambodia has not reported any deaths from COVID-19, including in institutions. UN agencies (led by OHCHR) are assisting RGC in accessing alternatives and phasing out of these institutions.

UNICEF's Child Protection program supported MoSVY to develop an agreement between MoSVY and the MoH to prevent and respond to the abandonment of children with disabilities in public and private hospitals. Support was also provided to MoSVY's DWPD to conduct training of trainers and care takers on the special needs of children with disabilities who are living in residential care facilities. In addition, support was provided to the development of foster care and kinship care and adoption guidelines that include children with disabilities.

Cambodia's *National Action Plan to Prevent Violence Against Women 2019-2023* is inclusive of women and girls with all types of disabilities. The NDSP2 also includes specific strategies relating to GBV. Women and girls with disabilities have access to services such as psychosocial support, access to justice and shelter through the ACCESS program's GBV Workstream. There are no statistics available at the moment, but some data will be collected/released in the framework of ACCESS program by early 2022.

Women and girls with disabilities and older persons faced increased GBV during the COVID-19 pandemic. ADD's survey found that 40 per cent of respondents were at an increased risk of psychological, economic, physical and/or sexual violence since the pandemic began. The Cambodian Women's Crisis Center, an implementing partner in the ACCESS program, adapt services for the

⁸³ ACCESS Disability workstream highlights, available at: https://accesscambodia.org/giant_uploads/2021/01/Disability-Workstream-Summary-Infographic_4Jan2021_compressed.pdf (accessed 17 January 2021)

⁸⁴ UNICEF Cambodia, *COVID-19 Cash Transfer Programme helping families with the most basic needs*

provision of psychological and legal advice to GBV survivors, including women and girls with disabilities, in 10 provinces during the COVID-19 pandemic.

Women with disabilities

Women with disabilities are less likely to receive education and access services than man with disabilities. This prevents them in getting proper employment opportunities and hinders their economic empowerment. They are more vulnerable to domestic violence and in accessing health (particularly maternal health), counselling, support and assistance services for victims of violence.

Summary of key challenges (Inclusive Service Delivery)
Implementation of social protection programs, including provision of social assistance is limited and cannot reach majority of persons with disabilities due to limited capacities of the RGC and OPDs and lack of financial resources
Many persons with disabilities are left out from benefiting from ongoing cash transfer programme (of around 700 000 persons with disabilities according to last Census data only between 60.000-100,000 are receiving cash transfers) during Covid pandemics
Procedures, mechanisms and implementation systems of social protection schemes is cumbersome, complicated, costly and difficult to access for persons with disabilities
OPDs lack capacity and financial resources to raise awareness on available services and assist persons with disabilities in accessing them
There is a geographical inequality in accessibility and quality of services in various part of the country
Specific services for marginalized groups of persons with disabilities are scarce and limited to few urban centres. For example, sign language, skills training and job opportunities for deaf people are only available in limited areas. Persons who are deaf are hence reluctant to leave their places of residence and family even if the costs are covered. Out of estimated 60 000 deaf people in Cambodia only around 2000 can use/understand sign language
There is no comprehensive mapping of the types of services available and to whom, the coverage of each type of service, funding, affordability, and what services are missing
There is a lack of coordination and synergy between NGOs (service providers), RCG and OPDs regarding the services available to persons with disabilities
Health system is still ill-equipped to deal with the demand to address mental health conditions
Rehabilitation services are not available country-wide which make them unavailable to many persons with disabilities

Participation in political and public life

Persons with Disabilities and OPDs face significant challenges in meaningful participation in decision making processes, at both the national and sub-national level. These challenges include: lack of a rights-based legal framework; a lack of information; and, a lack of accessibility and reasonable accommodation.

Disability movement in Cambodia is vibrant and has a network throughout the country. Umbrella organization CDPO and its network cover most of the country and has a good reputation and relations with local OPDs. The capacity to implement initiatives and projects with international partners is relatively high. However, recent Covid-19 developments threaten to undermine this as OPDs reported worsening of the situation for persons with disabilities particularly regarding the loss of income, increased costs, inability to receive services (e.g. health, rehabilitation), access to social protection schemes, deteriorating situation with regards to mental health, increase level of violence etc. Some OPDs reported lack in basic food for the poorest persons with disabilities.

Both OPDs and Government lack capacity to ensure meaningful participation of persons with disabilities in development, implementation and monitoring of policies, laws and strategic plans. Consultations are carried out in cases where disability rights and services are directly addressed (e.g. laws, sub decrees, parkas dealing with specific issues of PwD) but more general policies often lack meaningful participation and are not disability inclusive. *Gaps exist in OPDs' capacity to advocate for interest of persons with disabilities, monitor implementation of policies and improve access to information, services (e.g. employment, skills development, health), justice and social protection. Another gap remains relate to big reliance on development assistance.* There is limited support from the government (although the situation is improving) mostly with securing the premises and associated costs for OPDs in some areas.

Persons who are deaf, blind or have psychosocial disabilities are particularly vulnerable and need additional support both in terms of services and in representation of their voices and interest.

Civil and Political Participation

As a State Party to the CRPD, under Article 29, the RGC has obligations to guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others. In addition, as a party to the *International Covenant on Civil and Political Rights*, the RGC undertakes to ensure the equal right of men and women to the enjoyment of all civil and political rights set forth in the Covenant. Nevertheless, there are currently no specific laws to support participation. During last decade UN agencies supported OPDs and RGC in registration of persons with disabilities for elections as well as creating more accessible voting booths.

Goal 5.2 of the NDSP2 aims to promote participation of persons with disabilities in political life.

CDPO has participated in regional dialogues to strengthen advocacy on political rights and participation.

Women with disabilities

Women with disabilities face increased vulnerability compared to men. According to WWFs main issues relate to loss of income followed by loss of self-confidence, inability to participate in economic life on equal terms, inability to provide proper care and education for their children, limited access to health services and hygiene products and low participation in decision making. They are much more vulnerable to violence and more prone to depression (this has been further exacerbated by COVID-19).

Women with disability specific needs and challenges are rarely addressed in policies and service delivery at national and subnational level, apart from support of UN agencies and NGOs. WWFs as the main voices of women with disabilities need support in increasing their capacities for addressing some of the women specific challenges particularly related to women economic empowerment, social protection and leadership/skills development.

Summary of key challenges (Participation in political and public life)

Gaps exist in OPDs' capacity to advocate for interest of persons with disabilities, monitor implementation of policies and improve access to information, services (e.g. employment, skills development, health), justice and social protection

In general, persons with disabilities still have limited voice in policy formulations in many areas and this represent a significant gap which needs to be addressed. Both OPDs and Government lack capacity to ensure meaningful participation of persons with disabilities in development, implementation and monitoring of disability inclusive policies, laws and strategic plans

Persons who are deaf, blind or have psychosocial disabilities are particularly vulnerable and need additional support both in terms of services and in representation of their voices and interest.

There are no associations of deaf persons in Cambodia (local or national). There is an estimated 60 000 deaf persons in Cambodia with only around 2000 being able to communicate and use sign language. Hence this group of persons with disabilities is completely excluded

Women with Disabilities Forums lack capacity to properly address some of the women specific challenges particularly related to women economic empowerment, social protection and leadership/skills development.

CDPO and OPDs rely heavily on international development assistance which may affect their sustainability on long term

OPDs are not properly included (if at all) in discussions on Climate Change Adaptation and Disaster Risk Reduction and lack knowledge, capacity, and awareness to have a meaningful participation. OPDs are mostly excluded in participating in CCA and DRR discussion and preparation of plans on national and subnational level. Inadequate public infrastructure and limited institutional support represent additional barriers to risk reduction of persons with disabilities

CRPD-compliant programming and budgeting

Budget analysis

Cambodia's National Budget does not include a specific budget line for persons with disabilities. However, persons with disabilities benefit from budget allocations to Ministries, such as MoSVY, MoH, MoEYS, MoWA, and allocations to the sub-national level. It is not known how much of COVID-19 specific spending is impacting on persons with disabilities.

On 22 December 2020, the Senate unanimously approved USD 7.62 billion for the 2021 National Budget, representing a USD half-billion reduction from 2020 due to the impact of the COVID-19 pandemic on the economy. The draft law was approved by the National Assembly on 25 November 2020.⁸⁵ The budgeted current expenditure allocated to the social sector in 2021 amounts to 6,297 billion KHR (approx. USD 1.57 billion⁸⁶), a small decrease from 6,748 billion KHR budgeted in 2020 (approx. USD1.67 billion): MoEYS 3,024 billion KHR (approx. USD 756 million); MoH 1,721 billion KHR (approx. USD 430.2 million); MoSVY 1,288 billion KHR (approx. USD 321.9 million); and, MoLVT 264 billion KHR (approx. USD 66.1 million). The budget current expenditure allocation to the social sector

⁸⁵ "Senate unanimously approves \$7.62 billion for 2021 national budget", *Khmer Times*, 22 December 2020 (accessed 15 January 2021)

⁸⁶ Conversion rate based on USD1 = 4,000 KHR

accounts for approx. 42.4 per cent of total planned current expenditure: MoEYS (20.3 per cent); MoH (11.6 per cent); MoSVY (8.7 per cent); and MoLVT (1.8 per cent).⁸⁷

MoSVY's budget allocation for current expenditure increased from 1,137 billion KHR in 2019 to 1,288 billion KHR (approx. USD 38 million) in 2021. MoSVY's budget expenditure for 2021 is allocated to three program areas, as outlined below.⁸⁸

	Million KHR	Approx. USD
Total budget for MoSVY as per 2021 Budget Law	1,287,695.0	321.9 million
Program 1: Social Welfare	70,434.9	17.6 million
1.1. Subprogram 1: Provide social welfare services to poor and vulnerable at community	40,221.2	10.1 million
1.2. Subprogram 2: Protection for trafficking and sexual abuse survivors	57.2	14,000
1.3. Provide child welfare and protection services	1,076.1	270,000
1.4. Rehabilitation for drug addicts	3,330.0	830,000
1.5. Provide services, welfare and protection for persons with disabilities	1,525.9	380,000
1.6. Provide welfare services for elderly persons	195.9	50,000
1.7. Veterans support and management on social welfare activities	4,187.2	1.0 million
1.8. Social welfare services by cities and towns	19,841.4	5.0 million
Program 2: Strengthen the social security system and provide physical rehabilitation service for persons with disabilities	1,156,747.5	289.2 million
2.1 Develop social security system for civil servants	484,373.0	121.1 million
2.2 Provide social security for veterans and their families	662,712.5	165.7 million
2.3 Physical rehabilitation and small business support for persons with disabilities	9,662.0	2.4 million
Program 3: Institution management and administration	60,512.6	15.1 million

In 2018, it was reported that ten Ministries included a disability budget line in their work plans for disability-specific programs. For example, the MoWA (USD 50,000), the MoEYS (USD 150,000) and the Ministry of Tourism (USD 20,000). The budget for physical rehabilitation services through the PWDF increased by 51 per cent, from USD 765,447 in 2013 to USD 1,156,180 in 2016.⁸⁹

Currently, there is no estimate of the financial resources needed to fully implement the NDSP2. Major sources of financial resources for the implementation of the NDSP2 are from national budget and development partners working on disability. DAC officials stated a need for better alignment of development assistance with NDSP2 as well as for providing more detailed information on nature of support including budgets. As a whole-of-government plan, the responsible ministries and institutions are expected to develop their own budget plans for implementation. Around USD 1.1 million is allocated by MoSVY annually to support physical rehabilitation services and the disability allowance (Strategic objectives 1 and 2 of the NDSP2).

Additional research is needed to identify budget allocations to ministries and agencies, procurement processes, and development funding that specifically promote the rights and inclusion of persons with disabilities and gender equality in Cambodia. No information is available on specific budget allocations that contribute to the implementation of the CRPD. The improvement in overall capacity of administration to properly determine, implement and monitor budgets is "work in progress" through

⁸⁷ MoEF, *Budget in Brief: Fiscal Year 2021*, January 2021 (Khmer only); available at <https://mef.gov.kh/documents-category/publication/budget-in-brief/> (accessed 18 January 2021)

⁸⁸ Ibid, Table 3: Expenditure of MoSVY, p. 64

⁸⁹ Report on rehabilitation financing in Cambodia, WHO 2017

ongoing Public Financial Management Reform (PFMR) and with tangible results expected to be visible in medium term.

According to the ADB, COVID-19 threatens to undermine Cambodia's progress in poverty reduction. The crisis will lead to an estimated loss of 570,000 jobs and threatens to push an additional 1.1 million people into moderate poverty and 205,000 people into extreme poverty. With lower revenues and new spending needs, the government's financing needs for 2020 have risen from \$1.7 billion to \$3.5 billion, of which \$2.2 billion is planned to be financed through external borrowing.⁹⁰

Climate change, Disaster risk reduction and humanitarian action

Cambodia is among the countries most at risk to the impacts of climate change and these are already affecting the daily lives of Cambodian people (GSSD, 2017; Sam & Chhuong, 2015). Rural population of Cambodia employed mainly in agriculture is particularly vulnerable due to intensive floods and droughts which have negative affect on agricultural production (e.g. rice) and results in loss of income. Sea level rise may also affect the 435 kilometres long coastline, which already suffers from storm surges, high tide, beach erosion, and seawater intrusion.⁹¹

Persons with disabilities (particularly in rural areas) are even more vulnerable to climate change risks because of livelihood strategies they are forced to pursue, inadequate living conditions and lack of appropriate critical infrastructure and services. In addition, barriers to access to information further (additionally intensified by Covid-19) increase this vulnerability. Government policies and strategies on Climate Change Adaptation (CCA) and Disaster Risk Reduction (DRR) rarely mention persons with disabilities. For example, Early Warnings System in Cambodia is not designed to be disability inclusive.

Lack of reliable data on persons with disabilities hampers efforts to produce disability inclusive policies on CCA and DRR. OPDs are not properly included (if at all) in discussions on above mentioned policies and lack knowledge, capacity, and awareness to have a meaningful participation. OPDs are mostly excluded in participating in CCA and DRR discussion and preparation of plans on national and subnational level. Inadequate public infrastructure and limited institutional support represent additional barriers to risk reduction.

The objective of Cambodia's 2015 *Law on Disaster Management* is to regulate disaster management, with the following goals: prevention, adaptation and mitigation in the pre-disaster period, due to natural or human-made causes; emergency response during the disaster; and recovery in the post-disaster period.

The act provided for the establishment of the National Committee for Disaster Management (NCDM) to lead, administer and coordinate all disaster management activities. The NCDM coordinates all disaster management activities together with ministries, institutions, armed forces, the public sector, private sector and civil society in promoting safety and resilience to disasters. The NCDM is tasked with mobilizing humanitarian assistance. Among other priorities, Article 18 of the Law states that in the case of any disaster event or incident occurred, the on-site competent authorities of the affected

⁹⁰ Asian Development Bank, *Report and Recommendation of the President to the Board of Directors – Proposed Countercyclical Support Facility Loan Kingdom of Cambodia: COVID-19 Active Response and Expenditure Support Program*, Project Number: 54195-001, June 2020

⁹¹ Cambodia, National Institute of Disaster Management. 2014. Available: http://nidm.gov.in/easindia2014/err/pdf/country_profile/cambodia.pdf

areas shall pay high attention to the needs of women, children, elderly, and persons with disabilities. Chapter 5 of the Law deals with international cooperation and assistance.⁹²

Cambodia’s *Strategic National Action Plan for Disaster Risk Reduction (2019-2023)* is being developed. It will be aligned with the Sendai Framework for Disaster Risk Reduction, the Paris Agreement and the SDGs.

The Humanitarian Response Forum (HRF) was established in 2011 in response to the demand for increased coordination between development partners to address the demands of humanitarian disasters, primarily floods and drought. The objective of the HRF is to ensure sound coordination and communication on emergency preparedness, and humanitarian response in Cambodia between the UN, international NGOs, and IOs. The HRF works in close collaboration with the Government, most notably the NCDM, to facilitate a coordinated and effective approach in support of people affected by humanitarian crises.

CDPO was not directly involved in broader COVID-19 response planning meetings at the national level, but contributed to the COVID-19 Recovery Plan for persons with disabilities which promotes disability-inclusion in broader response plans. OPDs in some provinces participated in planning meetings with local authorities.

Summary of key challenges (CPRD compliant programming and budgeting)
Although the RCG budget allocations for disability have been increasing steadily in last years, a large share of the financing is still being covered by development partners (including UN Agencies, IOs and NGOs).
Current NDSP2 lacks projections on overall financial expenditures in disability sector which undermines coordination, monitoring and implementation. This challenge is part of larger reform agenda which is currently being implemented by RGC (e.g. PFMR, Public Administration reform etc)
OPDs have very limited involvement and voice in developing and implementing disability inclusive policies on CCA and DRR, despite being one of the most vulnerable groups of population.
There has been some effort to enable disability inclusive budgeting at the commune level. There should be efforts to replicate these efforts through Decentralization, PFMR and PAR reforms

Accountability and Governance

Functioning of national coordination mechanisms

Cambodia has an extensive policy framework that has the potential to support post-COVID recovery that is inclusive of persons with disabilities. However, understanding on disability inclusion remains limited at the national and sub-national level. The forthcoming adoption of a new Disability Law that will reflect the rights-based approach of the CRPD will lay a solid foundation for future action. The consultation process on the new law provides for opportunity to increase the participation of person with Disabilities and OPDS as well as better understanding of state administration and general public about rights of Persons with Disabilities about disability inclusion. According to DAC, it is expected that

⁹² For more information, see https://www.ifrc.org/Global/Publications/IDRL/DM%20acts/Cambodia%20DM%20Law_English.pdf (assessed 24 December 2020)

the new Disability Law will be on the agenda on National Assembly by the end of 2022. The NDSP2 also provides a strong framework for action across all ministries and agencies at the national and sub-national level. Furthermore, there are already DAWGs in line Ministries, and provincial DACs to support national and sub-national responses. DAC is currently preparing draft reports guidelines and format for the reporting of NDSP 2 for the line ministries which would serve as a monitoring mechanism. NDSP will be subject to mid-term and final review. DAC is also in the process of recruiting a technical assistance for the preparation of the 1st report on CRPD implementation progress.

In previous decade development partners have supported efforts for improvement in coordination of main actors in disability area and some progress have been made.

DAC has emerged as a key coordination body for implementation of CRPD and NDSP2. While the DAC's capacity has increased significantly due to assistance from development partners and political support numerous challenges *remain including lack of adequate funding and limited human resources*. DAC has made progress in improving meaningful inclusion of OPDs in the mechanisms, *but more efforts are needed particularly at subnational level*. In addition, *one of the gaps for achieving more sustainable progress is the need for enhanced coordination and alignment of development partners (including NGOs) with national priorities stated in NDSP2. In addition, further support is needed in monitoring of NDSP implementation*.

MoSVY's role in implementation of the relevant policies and protection of rights of persons with disabilities has been better defined and prominent particularly with capacity strengthening of DWPD and DRA in recent period. As above, key challenges still remain and refer to *limited human resource capacity (particularly at subnational level), inadequate budget and need for more meaningful inclusion of OPDs*. In addition, as throughout state administration there are challenges in public financial management which are partly being addressed by ongoing Public Financial Management Reform (PFMR). *MoSVY coordination with other line ministries particularly those involved in social protection (e.g. Ministry of Planning on ID Poor) needs to be strengthen*. This is partly being addressed through ACCESS programme. *One of the identified gaps refers to the fact that many persons with disabilities are left out in benefiting from social protection schemes*.

PWDF capacity to manage physical rehabilitation centers and collect fines for non-compliance with Disability Law and subsequent sub decrees/Prakas remains limited.

Major gaps in state bureaucracy are particularly evident at subnational level. Situations vary, depending on geographical location, political support and disability rights awareness of provincial authorities (e.g. Governor and Deputy Governor). Some provinces have made progress regarding the capacity of coordination mechanisms (provincial DAC) which is usually chaired by Deputy Provincial Governor. The same applies for provincial departments of line ministries (e.g. PoSVY), justice administration and health centers. OPDs in these provinces have more active role in provincial DACs and can increasingly influence decisions as well as provide assistance or referrals to persons with disabilities. These improvements were achieved in part due to coordination and some technical support from national level DAC and MoSVY but also from development partners (e.g ACCESS programme, UN agency) and NGO work. However, traditionally development partners tend to work in limited geographical area because of lower logistical cost, results visibility and geographical accessibility.

The situation in more remote areas and provinces (benefiting less from development assistance) is much more difficult and the progress in the government efforts to reach all of persons with disability is incremental. For example, out of 689,532⁹³ persons with disabilities aged 5 years above in Cambodia

⁹³ . <http://www.nis.gov.kh/index.php/en/15-gpc/79-press-release-of-the-2019-cambodia-general-population-census>

according to the 2019 census data, some 100 000⁹⁴ are included in nationwide cash transfers programme through ID Poor mechanisms according to DWPD. In addition, *OPDs reported that in some provinces local police force, judicial system, education and health centers are less sensitive about rights of persons with disabilities and that some provincial DAC and POSVY department have limited capacities to carry out their work (limited budget, lack of transportation means, human resources and technical expertise).*

Capacity of line ministries has been increased through establishment of Disability Action Working Groups in some line Ministries under the guidance from DAC. Some ministries managed to secure disability specific funding form the national budget (MoWA, MoYES and Ministry of Tourism), have focal points for disability in their structures at national level and hold consultations with OPD in developing and implementation of policies under their competence. *However, in general, persons with disabilities still have very limited voice in policy formulation in many areas and this represent a significant gap which needs to be addressed.* Ongoing revision and development of important legislation which directly impact the lives of persons with disabilities is a great opportunity to make hearing their voices a standard part of policy development

Nevertheless, challenges remain in the effective mainstreaming of disability into broader policies and plans. There is still much work to be done to build capacities of government officials, local authorities, other service providers, and the business sector at the national and sub-national level to ensure effective disability-inclusion in all responses to the pandemic, and importantly in the implementation of laws, policies and plans. Due to economic slowdown and particular decline in some key sectors (e.g. tourism and garment industry) which caused significant decrease in state revenues, it is uncertain that the funding of these reform will experience significant increases from the state budget in short term. According to DAC, RCG will approach development partners for assistance.

The RGC takes responsibility for the provision of health, rehabilitation, education and vocational training, social protection, and other services and supports for the people of Cambodia, including Cambodians with disabilities. However, it should be acknowledged that many of services and supports needed by persons with disabilities, particularly at the community level, continue to be provided or supported by NGOs, IOs, and OPDs. The important role of NGOs, IOs and OPDs in the delivery of some services and supports, in collaboration and coordination with government authorities, will likely remain for the foreseeable future.

Limited capacities and systems to identify people with all types of disability and their needs is impacting on the ability of the RGC to identify gaps in the availability of services and supports for persons with disabilities. UN agencies and other development partners are supporting the development of tools and building capacities to improve data collection, but more focus is needed outside of target provinces. Comprehensive disaggregated data would also assist the efforts of CDPO and other OPDs with national and local authorities to advocate for more attention to address gaps in addressing the rights and needs of women, girls, boys and men with disabilities, wherever they may live.

Data and disability

Cambodia has a range of mechanisms to provide data on disability in the population. The NIS, within the MoP, conducted the **General Population Census of Cambodia** in 2019. This represented the first time that a question on disability was included in the Census using the Washington Group questions. The Census measures disability in terms of difficulties experienced in daily life for people aged five

⁹⁴ The figure is not verified and differs from the figures of Ministry of Planning data (60 000). Some development partners are currently conducting a study to analyze the level of participation of persons with disabilities in social protection schemes

years and over. Data was collected on six types of disability: difficulty in seeing; difficulty in hearing; difficulty in walking or climbing stairs; difficulty in memorizing or concentrating; difficulty in self-care; and, difficulty in communication due to physical, mental, and/or emotional health.⁹⁵

UN agencies, together with OPDs and other development partners, worked closely with the NIS to support the analysis of disability data within the Census, to ensure its accuracy and efficiency, so that it can be usable for all stakeholders. The analysis aims to better understand the situation of persons with disabilities in accessing public and private services and their livelihood conditions.⁹⁶

The **Cambodia Socio-Economic Survey** (CSES) is conducted every two years. The CSES is a household survey with questions to households and their household members about housing conditions, education, economic activities, household agricultural and non-agricultural production and income, household level and structure of consumption, health, victimization, and vulnerability. The CSES 2017 noted that more than 11 per cent of the households reported holding an IDPoor card, with households in rural areas more likely to have the card. The number of households which included persons with disabilities was not specified. The results for the CSES 2019 can be access here⁹⁷

Cambodia's 2014 **Demographic Health Survey** (CDHS) included six Washington Group questions (question 21-26) with the focus on functioning rather than impairment. According to the 2014 CDHS, 9.5 per cent of the population experience some difficulties in performing basic functions. A further 2.1 per cent experience significant difficulty or an inability to perform basic functions. In the population aged 5-14 years, 2.0 per cent reportedly had some difficulty, a lot of difficulty, or could not perform any functions in at least one of the following areas: seeing, hearing, walking, concentrating, self-care or communicating. The CDHS indicated that these disabilities increased with age and decreased with education. No significant differences were found according to sex, place of residence and wealth status. It is important to note that these statistics likely underestimate the true prevalence of children with disabilities in Cambodia as the questions used in the CDHS measured disability status, which is not recommended for use with children. This specific measure was developed to assess disability in the adult population. The 2020 CDHS has been delayed because of the pandemic.

MoSVY is in the process of launching a Child Protection MIS, with support from UNICEF, which will include Washington Group questions on children with disabilities and data from the recently introduced case management digital tool Primero. Currently, children with disabilities are 'invisible' in mainstream development programming, which is exacerbated by a lack of quality data about them and their needs.⁹⁸

Disability Assessment and determination

The Council for Disability Classification was established by Inter-ministerial Prakas 2492 on Classification of Types and Levels of Disability to assess persons with disabilities to determine the type and level of disability and standardize data collection for more effective implementation of the Disability Law and for the development of policies and plans. Eligible persons with disabilities receive an ID card and can access free health care. The Council is co-chaired by MoSVY and the MoH with two members from each ministry's responsible department and two representatives of the technical department of the MoND.

Different groups of persons with disabilities may face barriers in accessing disability assessment such as the accessibility of the assessment center, including the distance to travel to the center and

⁹⁵ For more details, see General Population Census, pp. 101-103

⁹⁶ See Annex 5 for more details of the information available from the 2019 General Population Census

⁹⁷ https://www.nis.gov.kh/nis/CSES/Final%20Report%20of%20Cambodia%20Socio-Economic%20Survey%202019-2020_EN.pdf

⁹⁸ UNICEF in Cambodia Country Programme 2019–2023. .p.2

associated costs, and limited knowledge on the process. Many persons with disabilities lack financial support to travel to the assessment center for themselves and their support person.

MoSVY maintains a 1270 Hotline which persons with disabilities or their families can call with complaints or requests for advice. The caller will be directed to the appropriate department. No information was available on the number of calls received or the advice sought.

In addition to the Disability Classification above, the MoEYS’s Checklist for Identification of Children with Disabilities was developed as a screening tool for children with disabilities. This checklist provides simple yes or no questions to help assess if a child may have a visual impairment, hearing loss, physical disability, intellectual disability, or a speaking impairment. The checklist does not provide a process for actual vision or hearing screening/testing but rather lists general physical symptoms that might indicate a possible vision or hearing challenge. The checklist was developed to assist teachers; however, the tool may be overly simplistic because it does not capture variations (from mild to severe). Likewise, the questions relating to intellectual disabilities may instead capture physical disabilities, and the tool does not rule out external factors that might impact learning.

Since 2009, GIZ has been adapting the Denver Developmental Screening Test II to the cultural context in Cambodia. This tool assesses milestone development from the first month to 5 years and is intended for use by health professionals, parents, and potentially, teachers working in early childhood development (ECD). GIZ will use the tool with other children, including those with disabilities, to assess whether the tool identifies possible disabilities or developmental delays. Children with disabilities are identified and referred to appropriate medical and support services. Services include those available at the National Pediatric Hospital in Phnom Penh and Angkor Hospital for Children in Siem Reap.

Women with disabilities

Women with disabilities have additional challenges in benefiting from good governance and have lesser influence on decision making. There are less likely to access education, acquire leadership skills or be economically empowered, thus limiting their ability to influence policy making, advocate for their interests or be represented in coordination mechanisms.

Summary of key challenges (Accountability and Governance)
Coordination mechanisms at subnational level have limited capacity to implement NDSP 2 and CRPD in areas of social protection, access to justice and services
Persons with disabilities and OPDs have limited voice and capacity in development and effective mainstreaming of disability into broader policies and plans at national and subnational level
NDSP 2 implementation lacks comprehensive monitoring and evaluation system
National DAC has difficulties to coordinate, align and synergize NDSP2 implementation particularly with regards with development partners assistance (including NGOs)
OPDs have limited capacities to monitor and influence implementation of NDSP 2
Capacity of subnational administrations and OPDs to implement NDSP2 and CRPD significantly vary depending on geographical location
Limited capacities and systems to identify people with all types of disability and their needs is impacting on the ability of the RGC to identify gaps in the availability of services and supports for persons with disabilities
Persons with disabilities face barriers in accessing disability assessment such as the accessibility of the assessment centers, distance to travel to the center and associated costs, and limited

knowledge on the process. Many persons with disabilities lack financial support to travel to the assessment center for themselves and their support persons

Several UN agencies have broad experience in promoting disability inclusion with the RGC and other stakeholders. However, the capacities of all agencies within the UNCT could be strengthened. There is an opportunity to take advantage of unique position of UN agencies to lead by example and support Member States to ensure disability inclusion in efforts to not only achieve the SDGs but also COVID-19 recovery

Impact of COVID-19 on the rights and wellbeing of persons with disabilities in Cambodia and their access to services and supports⁹⁹

Based on the information available, COVID-19 has not infected large numbers of persons with disabilities in Cambodia but this does not mean they have not been impacted by the pandemic. The impacts identified can be grouped under seven key issues: livelihoods and economic security; access to health and rehabilitation services; mental health; access to education and training; accessibility and availability of services and supports; gender-based violence against women and girls and older persons with disabilities; and, accessible information for persons with diverse disabilities, older persons with disabilities, and persons with disabilities living in remote areas.

UN Cambodia's framework to respond to the COVID-19 pandemic notes that meeting human needs, from decent jobs and livelihoods to essential services and a voice in decisions, particularly among marginalized groups, is the most critical investment Cambodia can make in steering a course to recovery.¹⁰⁰

Impact on livelihoods and economic security

The most significant impact of the COVID-19 pandemic on all Cambodians, including persons with disabilities, has been on livelihoods and economic security. A survey by ADD of persons with disabilities and their families found that 52 per cent of respondents reported a loss of household income since the pandemic began.¹⁰¹ In another rapid needs assessment of 219 persons with disabilities or carers conducted by HI in Kampong Cham and Tboung Khmum provinces, 76 per cent of respondents declared that the pandemic had affected their livelihood: 59 per cent had lost income; 54 per cent reported that a family member had lost income.¹⁰²

Factories and other work places closed resulting in job losses or suspensions. Other people faced a reduction of working hours. Over 100 factories reportedly closed because of the pandemic.

For persons with disabilities with their own businesses, they lost customers due to the restrictions so lost their income. International markets for the sale of goods have also been impacted. With a reduction of income, people lost the ability to pay interest on their loans or to repay loans.

The loss of income puts a disproportionate burden on persons with disabilities, as they and their households face extra costs and expenditures related to disability. During a time of reduced income, the cost of basic food and supplies increased. In another survey, some persons with disabilities

⁹⁹ Unless otherwise specified, the findings presented in this section were obtained during consultations conducted for this project

¹⁰⁰ UN Cambodia framework for the immediate socio-economic response to COVID-19, August 2020, p. 6

¹⁰¹ ADD International, *COVID-19: Violence Risk and Income Loss Among Persons with Disabilities*, ACCESS 2020, p. 3

¹⁰² Humanity and Inclusion, *Impact of COVID-19 crisis on persons with disabilities in Kampong Cham and Tboung Khmum province, Cambodia*

reported eating less due to limited income. Other persons with disabilities report a reliance on family or charity for food and other essentials.

As a result, many families are not able to pay for their basic needs, such as food, medicine and access to health care and education.¹⁰³ Access to the Cash Transfer program for poor households has supported many families with a person with disability, but not everyone is eligible or aware of the program.

Impact on access to health and rehabilitation services

The loss of income has impacted on the ability of persons with disabilities and their families to pay for health or rehabilitation services or to pay for transport to services. The fear of catching COVID at the health center or rehabilitation center also stopped some people from seeking the care they needed. Another reason given for not accessing health care when needed was that with limited transport options available people were afraid of catching COVID-19 from people they did not know in the vehicle. Persons with disabilities also faced barriers to accessing health and hygiene materials for daily use.

An important issue relating to access to health services will be the equitable access by persons with disabilities to the COVID-19 vaccine when it is available in Cambodia. An activity to ensure equitable access is part of the Recovery Plan. CDPO and other OPDs will be advocating for their rights on this issue.

Impact on mental health

The impact of the COVID-19 pandemic and restrictions has impacted on the mental health and wellbeing of many Cambodians, including persons with disabilities. Persons with disabilities report being afraid to go out into their community and fear strangers coming into their village. Vulnerability due to the loss of income has also impacted on mental health as some persons with disabilities feel they are now a burden on their family. Parents of children and youth with all types of disabilities are facing additional pressures as they have lost access to their usual support systems.

Persons with disabilities also report that they feel more discrimination towards them as people in the community focus on their own self-protection. All these and other issues such as isolation and loneliness have increased levels of stress and anxiety.

During HI's rapid needs assessment, almost half of focus group participants reported feeling worried, scared or facing other difficulties because of COVID-19.¹⁰⁴ In HelpAge Cambodia's rapid needs assessment, 40 per cent of older persons, including persons with disabilities, reported feeling anxious or concerned most of the time, and 30 per cent some of the time.¹⁰⁵ Agile found that the majority of women entrepreneurs with disabilities were extremely stressed.¹⁰⁶ While ADD reported that over two-thirds of respondents experience signs of anxiety (70 per cent) and almost half (45 per cent) experience signs of depression.¹⁰⁷

Impact on access to education and training

All Cambodian children have been impacted by the pandemic with the closure of schools and the disruption to their education. For children with disabilities, this has been particularly challenging.

¹⁰³ UNICEF Cambodia, *COVID-19 Cash Transfer Programme helping families with the most basic needs*

¹⁰⁴ Humanity and Inclusion, *Impact of COVID-19 crisis on persons with disabilities in Kampong Cham and Tboung Khmum province, Cambodia*

¹⁰⁵ HelpAge Cambodia, *COVID-19 rapid needs assessment of older people*, August 2020, p. 2

¹⁰⁶ Agile Development Group, *Impact of COVID-19 on Women Entrepreneurs with Disabilities in Cambodia: Rapid Research Report*, May 2020, p. 4

¹⁰⁷ ADD International, *COVID-19: Violence Risk and Income Loss Among Persons with Disabilities*, ACCESS 2020, p. 7

Some of the challenges that children with disabilities faced during the pandemic, include: remote learning tools are not always accessible to learners with disabilities or those with complex learning needs; limited internet hinders learning even further, and, lack of additional support and care (such as therapy, related care services, and access to teachers for education support).¹⁰⁸ Some children with disabilities have not returned to school because of the disruptions and feel that they have fallen too far behind.

Almost 30 per cent of participants in focus group discussions during HI's rapid needs assessment expressed that COVID-19 had impacted on their or their children's education because they did not have a smartphone or internet access.¹⁰⁹

Many persons with disabilities who lost their jobs have indicated that they want to start their own business to earn an income to support their family. But currently there are limited opportunities for skills training to support that process.

Impact on accessibility and availability of services and supports

Many persons with disabilities, in particular children and those with high support needs, have faced significant disruption to their usual support system. The impact of the stress caused by a loss of income, and a shift of focus on efforts to earn an income to meet basic family needs and keep the family safe, may have led to less attention from family members to the care needs of persons with disabilities in the household.

Many community and home-based services, including mobile services, were suspended or restricted to reduce the risk of spreading COVID-19. Some support workers were afraid to visit people in their homes because of the risk of infection. Social distancing also makes the provision of some home-based rehabilitation services difficult. In addition, a reduction in donor funding for many NGOs and associations has resulted in the reduction or suspension of much needed services.

Drops in donor funding since the onset of the COVID-19 pandemic has created significant challenges for many organizations providing disability services. Some NGOs and OPDs are reporting challenges in implementing short term projects due to COVID restrictions. Conducting meetings with persons with disabilities and collecting data has been impacted. Projects have not been able to deliver on planned benefits which may impact on the availability of future donor support.

Impact on gender-based violence against women and girls and older persons with disabilities

An area of particular concern is the increase in violence against women and girls and older persons with disabilities reported in rapid needs assessments conducted in some provinces. A key finding of the CARE Rapid Gender Analysis for COVID-19 is that stress and anxiety endanger mental health and increases the risk of GBV.¹¹⁰ This finding is also supported by international research. Emerging data shows that since the outbreak of COVID-19, reports of violence against women, and particularly domestic violence, have increased as security, health, and money worries create tensions and strains accentuated by the cramped and confined living conditions of lockdown.¹¹¹ No data is available on the situation of women and girls with disabilities across Cambodia in relation to GBV.

¹⁰⁸ Ministry of Education, Youth and Sport, *Cambodia Education Response Plan to COVID 19 Pandemic*, July 2020, p. 11

¹⁰⁹ Humanity and Inclusion, *Impact of COVID-19 crisis on persons with disabilities in Kampong Cham and Tboung Khmum province, Cambodia*

¹¹⁰ CARE, *Rapid Gender Analysis for COVID-19: Cambodia – Phnom Penh and Kampong Speu*, 14 May 2020, p. 16

¹¹¹ UNWomen, *COVID-19 and ending violence against women and girls*, available at: <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls> (accessed 20 December 2020)

Impact on access to information for persons with diverse disabilities, older persons with disabilities, and persons with disabilities living in remote areas

Another impact identified during consultations is access to information, particularly accessible information on COVID-19 for persons with diverse disabilities, older persons with disabilities, and persons with disabilities living in remote areas. Considerable work has been done by government agencies, OPDs, UN agencies and NGOs to produce posters about the pandemic and how to stay safe. Sign language was a component of TV broadcasts about the pandemic. But not everyone had access to this information. Isolation and other restrictions meant that normal channels of communication and information sharing were no longer available. Accessible information is essential during and after the pandemic so that persons with all types of disabilities, wherever they live, are informed about the services and opportunities available to them, and how to stay safe.

Analysis

Critical gaps and opportunities

New Disability Law

Cambodia is currently in the process of developing new rights-based Disability Law fully aligned with CRPD. This is the major opportunity for systemic improvement of the lives of persons with disabilities. Currently the consultation process is ongoing and it is estimated that the draft new law will be ready for submission to Council of Ministers by late 2022 or early 2023.

It seems that there is a genuine effort and political will of RGC to adopt new modern disability law and these efforts need to be supported by UN and development partners. Besides declared intention, this intention was further demonstrated with the fact that national budget allocations for disability inclusion in Cambodia have increased steadily in last couple of years (mostly due to increase of state revenues resulting from one of the highest economic growth rates globally) accompanied by investments in capacity of DAC, MoSVY, PWDF (both in human resources and technical expertise) and some line ministries. However, there are still critical gaps which need to be addressed both in revisions of policy and capacity of implementors.

As indicated in finding section, language and certain provisions of the current law are in contrast with the human right based approach of CRPD. The very definition of persons with disability focuses on situation of persons with disability (medical situation) rather than on barriers to inclusion. Many provisions (e.g. on accessibility, access to justice, rehabilitation, access to education etc.) need to be revised and re-phrased to reflect human rights based approach. In addition, proper formula of participation of persons with disabilities in decision making (particularly in decisions regarding disability rights) needs to be re-addressed.

The new law will hopefully represent a shift towards better inclusions and application of human rights approach, address barriers rather than conditions and enable stronger, more meaningful participation and influence of OPDs (including those from most marginalised groups - women, persons who are deaf blind, or have psychosocial disabilities, LGBTI etc). The new law will also hopefully contain provisions that will further lead to reduction of stigma and discrimination.

One of the important elements that needs attention are mechanisms for implementation (whether of Law itself or in sub legislation). For example, the current law provides for implementation of accessibility standards (including fines for non-compliance) or employment quota, but its implementation is rather limited (e.g. fines of non-compliance are not efficiently collected).

In parallel with development of policies there needs to be strong focus on capacity development action toward coordination mechanisms and institutions which will be responsible for implementation and monitoring of implementation.

In general, lack of capacity of main stakeholders (government, OPDs, private sector etc.) undermines the implementation of CRPD and disability inclusive policies in Cambodia. While some progress has been made in previous decade with support of development partners, it mostly happened at national level and in development of policies. However, main challenges remained in implementation and roll out throughout the country. This represent persistent problem in Cambodia as enacting policies is often not followed by proper implementation mechanisms.

Equality and non-discrimination

Existence of persisting negative attitudes, stereotypes and prejudices against persons with disabilities restricts implementation of CRPD and disability inclusive SDGs in Cambodia. In many cases, authorities have not involved OPDs in processes of policy consultation and development as they are often seen as the beneficiaries of policies rather than participants in the decision-making process or as the holders of rights.

The situation also varies depending on geographical location and persons with disabilities living in more remote areas are less likely to benefit from disability inclusive policies and services than those living closer to urban areas.

Persons who are deaf, blind or have psychosocial disabilities are particularly vulnerable and need additional support both in terms of accessing services and in representation of their voices and interest. There is no association of deaf people in Cambodia and literacy in sign language of persons who are deaf is estimated at 3%. This leaves members of this particular group almost isolated from any meaningful participation in community and prevents them from opportunities for decent and dignified life.

Women with disabilities face increased vulnerability compared to men. Consultation with WWFs clearly identified need for support in increasing their capacities for addressing some of the women specific challenges particularly related to women economic empowerment, social protection and leadership/skills development.

A concentrated effort is needed to ensure the inclusion of these marginalised groups both in policy formulation and implementation throughout the country. A new human rights-based Disability law currently being discussed will hopefully address some of these challenges by providing necessary provisions for proper representation and inclusion of all groups of persons with disabilities. In parallel further work in improving the capacity for association, advocacy of these groups should be done.

One of the identified gaps is that provincial DACs, justice and law enforcement actors are not sensitized on disability rights and CRPD when it comes to access to justice. In many cases courts, clerk's and prosecutors' offices etc. are not accessible for PwD. In addition, OPDs, lack capacity to monitor access to justice and assist persons with disabilities seeking justice, remedies and legal aid. As a consequence, persons with disabilities are often not able to exercise their rights in seeking justice. At policy level, great opportunity lies in effort of the Ministry of Justice (supported by OHCHR) in developing National Legal Aid Policy. Capacity of OPDs to participate in policy dialogue would significantly contribute to disability inclusion in this important area.

Accessibility

Persons with disabilities face huge challenges in accessing relevant information (including critical information about Covid 19), and hence are not aware of their rights, available services and opportunities. This was further exacerbated by Covid 19 and lack of technological devices (e.g. smartphones) and access to internet. There is no comprehensive analysis on persons with disabilities information consumption practices, current practices of government agencies and media in providing information to person with disabilities and capacities of government, media and persons with disabilities to properly give/receive information.

Limited access to information negatively impacts the lives of persons with disabilities across every aspect of life. It prevents persons with disabilities and OPDs to make informative decisions, actively participate in political, social and community life and access services.

Physical accessibility of public institutions (ministries, agencies, courts etc), services (health centers education institutions, transportation etc) is another big challenge due to lack of awareness and very limited implementation of guidelines and legislation on accessibility (including fines). As a consequence, many persons with disabilities face difficulties in accessing services provided by the state. In addition, lack of accessibility of workspace in private companies limits the options of persons with disabilities when it comes to employment.

Inclusive service delivery

Further efforts should be made towards more disability inclusive social protection policies as well as capacitating and including OPDs in these efforts. One of identified gaps refers to the fact that many eligible persons with disabilities are left out from social protection schemes. UN agencies are in ideal position to assist RGC in this as they have been involved in formulating and rolling out social protection in Cambodia in last couple of years. This gap is particularly critical considering Covid 19 pandemics and consequent decline in livelihoods and income of persons with disabilities.

Employment and skills development for persons with disabilities also remain a big challenge particularly in light of Covid 19 Pandemic and its impact on economy and livelihoods. Although National Employment Agency (NEA) has been serving persons with disabilities (in very small number), the services they provide do not consider barriers faced by persons with disabilities. Existing TVET training providers (private and NGOs) have limited specific or inclusive programmes that are easily accessible to persons with disabilities. There is a clear need for customization of services provided by NEA and making existing vocational and TVET more accessible for persons with disabilities as to provide for more equal opportunities in pursuit of decent work and livelihoods. In order to make significant and more sustainable gains in employment of the persons with disabilities additional efforts need to be made in securing real partnership with private sector. Global practices showed that disability employment quota system (applied in Cambodia) works best in combination with employment support services (e.g placement, reasonable accommodation and accessibility advice and support service at the workplace) offered to employers.

Participation

Capacity of local OPDs and CDPO (which support local OPDs) also need further support in advocacy and in specific technical priority areas (e.g. justice, access to services, social protection employment etc). In order to advocate for the rights of persons with disabilities, participate in DACs and monitor implementation of policies, OPDs needs specific knowledge about CRPD, existing policies in specific areas and awareness on mechanisms for protection of the rights of persons with disabilities. Disability movement should also be supported to enable better inclusion of women specific needs in their programs and actions, as well as in representation of more marginalized groups (persons who are deaf, blind, with psychosocial disabilities, ethnic minorities, LGBTI)

In general, persons with disabilities still have limited voice in policy formulation in many areas. Ongoing revision and development of important legislation (new Disability Law, National Legal Aid Policy, Law on Access to information etc.) which directly impact the lives of persons with disabilities is a great opportunity to make hearing their voices a standard part of policy development in Cambodia.

CRPD compliant programming and budgeting

Cambodia's National Budget does not include a specific budget line for persons with disabilities. However, persons with disabilities benefit from budget allocations to Ministries, such as MoSVY, MoH, MoEYS, MoWA, and allocations to the sub-national level. However, the funding for disability from the state budget remains limited while dependence on the development assistance is still high. In 2018, it was reported that ten Ministries included a disability budget line in their work plans for disability-specific programs. However, this was more the result of level of disability sensitisation and leadership in specific line ministries than of systemic solutions.

Currently, there is no estimate of the financial resources needed to fully implement the NDSP2 which seriously affect its implementation and makes it difficult to monitor. Major sources of financial resources for the implementation of the NDSP2 are from national budget and development partners working on disability. There is a clear need for better alignment of development assistance with NDSP2 as well as for providing more detailed information on nature of support including budgets. As a whole-of-government plan, the responsible ministries and institutions are expected to develop their own budget plans for implementation which is the practice not widely followed.

The improvement in overall capacity of administration to properly determine, implement and monitor budgets is "work in progress" through ongoing Public Financial Management Reform (PFMR) and with tangible results expected to be visible in medium term.

Accountability and governance

National and provincial authorities and national and local OPDs still have limited knowledge and capacity to implement disability inclusive policies and monitor their implementation. As a consequence, progress in implementation of CRPD and disability inclusive policies has been slow and varied depending on the region and availability of development funding, local leadership and capacity. Hence, many persons with disabilities are not benefiting from disability inclusive policies and plans

In many provinces, subnational authorities (line ministries subnational departments), local police force, judicial system, education and health centres are less sensitive about rights of persons with disabilities and that provincial coordination mechanisms (provincial DACs) and POSAVY departments have limited capacities to carry out their work (technical expertise, limited budget, lack of transportation means, human resources).

Strengthening coordination mechanisms, their sensitisation on CRPD and targeted capacity development actions will increase awareness and capacity for disability inclusiveness across local administration particularly in priority areas such as social protection, education, access to information, justice, employment.

Enhancing capacities of main stakeholders will also foster wider partnerships including private sector (e.g. employment of persons with disabilities), academia, professional association etc. Since coordination mechanisms (national and provincial DACs) include various state actors (members of different line ministries/agencies) and OPDs as well as provincial deputy governors, this represents a significant opportunity to improve communication and coordination among various government

departments and levels (e.g. in social protection) and to ensure greater participation and influence of OPDs.

Further strengthening of capacity of line ministries to implement CRPD, NDSP and New Disability Law (when enacted) should also focus on ministerial Disability Action Working Groups (DAWGs) which are in charge of implementing and monitoring of disability inclusive policies in their respective portfolios. Good examples of some line ministries (MoWA, MoYES and Ministry of Tourism, MoINF) should be used as an example for action in other ministries/agencies. In addition, increased participation (and communication with) OPDs in the work of DAWGs should be fostered.

One of the gaps for achieving more sustainable progress is the need for enhanced coordination and alignment of development partners (including NGOs) with national priorities stated in NDSP2. There is also very limited monitoring of NDSP 2 implementation both in terms of results and financial contributions which was reported as a major need by development partners and the RGC. Establishing proper monitoring mechanisms would improve implementation and planning of the NDSP, enable identification of bottlenecks, provide for corrective actions and secure more meaningful participation of persons with disabilities. This represents a good opportunity for UN Agencies which can build on their previous experience and work in this area. This would further strengthen already strong partnerships with both RGC and OPDs and strategic role of UN in promoting disability at policy level.

And finally, as evidenced by the work of agencies such as UNDP, UNICEF, UNOHCHR and others, the UNCT is in a unique position to promote disability inclusion with the RGC and other stakeholders. To take advantage of this opportunity, there is a need to strengthen the capacity of all agencies within the UNCT to implement the United Nations Disability Inclusion Strategy and influence disability inclusion into wider UN programs and policies. With enhanced capacity, all UN agencies can lead by example to raise awareness and provide advice on effective disability inclusion.

COVID 19 and recovery plan

One of the issues that became apparent during consultations and a review of literature to analyze the situation and assess the impact of COVID-19 on the rights and wellbeing of persons with disabilities and their access to services and supports is that there is not a comprehensive picture of how the pandemic has impacted on Cambodians with disabilities, and whether the impact has been the same in all provinces, and in all districts within a province, particularly in remote areas. This is partly because of limited access to some communities due to COVID-19 restrictions, but also because of the limited capacities of local authorities and some organizations to monitor and report on the situation and needs of persons with disabilities in their target areas.

Without a doubt Recent Covid-19 developments had significant negative affect on lives of persons with disabilities particularly regarding the loss of income, increased costs, inability to receive services (e.g. health, rehabilitation), access to social protection schemes, deteriorating situation with regards to mental health, increase level of violence etc. Some OPDs reported lack in basic food for the poorest persons with disabilities.

In response DAC developed a covid recovery response action plan, focusing on the priority issues identified by persons with disabilities and OPDs through consultations. A three-year recovery plan is intended to direct and guide stakeholders (including ministries, institutions, development partners, the private sector, civil society organizations, persons with disabilities, and NGOs operating in the field of disability), to provide support to identified priorities.

Particularly critical areas needing urgent support and not addressed adequately at the moment are Effective management monitoring of recovery (Objective 6) and Strengthening cooperation and coordination at national, subnational and international levels (Objective 7).

Situation is fluid, with the pandemic still rampant throughout SE Asia and even more severe waves and outbreaks affecting Cambodia (after the completion of the recovery plan) further analysis and adjustments of the plan may be needed.

OPDs and NGOs

Another gap is the absence of a forum where OPDs and NGOs can come together on a regular basis to share information, experiences and challenges, and learn from each other. Cambodia is the country with large number of registered NGOs (international and national) and home of huge NGO community. There are numerous services available to persons with disabilities. However, as reported by OPDs many persons with disabilities have limited access to information regarding these services. The CIDI program (2010-2012), created a network of OPDs and international and national NGOs which met regularly either remotely or at workshops to share experiences and information. OPDs and NGOs have expressed appreciation for this program. Opportunities to re-create this network should be explored to facilitate capacity development, stronger voice to advocate to the government, and matching of the service seekers and NGO service providers.

Based on research and observations during the preparation of this situation analysis and assessment of the impact of the COVID-19 on persons with disabilities, 11 recommendations are proposed. The recommendations are relevant not only to post-COVID-19 recovery but also to strengthening capacities to facilitate effective disability inclusion in all development processes at the national, provincial, district, and commune levels.

Conclusions and key recommendations

Cambodia has an extensive policy framework that has the potential to support post-COVID recovery that is inclusive of persons with disabilities. However, understanding on disability inclusion remains limited at the national and sub-national level. The NDSP2 also provides a strong framework for action across all ministries and agencies at the national and sub-national level. Furthermore, there are already DAWGs in line Ministries, and provincial DACs to support national and sub-national responses. DAC is currently preparing draft reports guidelines and format for the reporting of NDSP 2 for the line ministries which would serve as a monitoring mechanism. NDSP will be subject to mid-term and final review. DAC is also in the process of recruiting a technical assistance for the preparation of the 1st report on CRPD implementation progress.

The forthcoming adoption of a new Disability Law that will reflect the rights-based approach of the CRPD will lay a solid foundation for future action. The consultation process on the new law provides for opportunity to increase the participation of person with Disabilities and OPDS as well as better understanding of state administration and general public about rights of Persons with Disabilities about disability inclusion. According to DAC, it is expected that the new Disability Law will be on the agenda on National Assembly by the end of 2022. In parallel with policy development, coordinated capacity efforts needs to be undertaken towards main stakeholders: Government, OPDs, Coordination mechanisms with the aim of ensuring proper implementation and monitoring of inclusive policies, fostering and widening partnerships to decrease stigma and discrimination (e.g. private sector, academia, communities) and addressing most urgent needs during COVID 19 pandemics.

Challenges still remain in the effective mainstreaming of disability into broader policies and plans. There is still much work to be done to build capacities of government officials, local authorities, other service providers, and the business sector at the national and sub-national level to ensure effective disability-inclusion in all responses to the pandemic, and importantly in the implementation of laws, policies and plans. Due to economic slowdown and particular decline in some key sectors (e.g. tourism and garment industry) which caused significant decrease in state revenues, it is uncertain that the funding of these reform will experience significant increases from the state budget in short term. According to DAC, RCG will approach development partners for assistance.

Persons with disabilities, particularly those in rural areas, faced many barriers and challenges in their daily lives, even before the COVID-19 pandemic, such as: poverty and unsustainable livelihoods; discrimination and negative attitudes; limited access to age and gender-appropriate services, information and education; inaccessibility of physical infrastructure; and a lack of reasonable accommodations. Some of these barriers and challenges have been intensified by the pandemic. People who are deaf, blind or have psychosocial disabilities remain the most disadvantaged group.

Compared to other countries in the region and the world more broadly, the RGC has done well in containing the spread of COVID-19. But the challenge of overcoming the broader impacts of the pandemic on the rights and wellbeing of persons with disabilities and their access to services and supports will require commitment and creativity from all stakeholders, including but not limited to government agencies, UN agencies and other development partners, IOs, NGOs, the business sector, and civil society. Most importantly, persons with disabilities must be at the center of recovery planning. No one knows better the challenges and barriers that must be overcome to recover from the impact of the COVID-19 pandemic, restore a sense of wellbeing and to enjoy the same rights and access to services, supports, and opportunities on an equal basis with other Cambodians.

The seven key impacts of the COVID-19 pandemic on persons with disabilities identified through consultations with OPDs, other persons with disabilities, representatives of government ministries and agencies, UN agencies and other development partners, IOs and NGOs provide the basis for developing a focused recovery plan, aligned with the NDSP2, to alleviate the impacts on: livelihoods and economic security; access to health and rehabilitation services; mental health; access to education and training; accessibility and availability of services and supports; gender-based violence against women and girls and older persons with disabilities; and, accessible information for persons with diverse disabilities, older persons with disabilities, and persons with disabilities living in remote areas.

Recommendations for further analysis/data collection

Recommendation 1 – Develop a central mechanism to collect, store and analyze information collected at the provincial/district/commune level by local authorities, OPDs and other stakeholders

In order to take full advantage of the information collected at the provincial/district/commune level under Recommendation 1, it will be essential to have a central depository to collate, analyze and store the information. Ideally, this mechanism would be situated within the DAC-SG as it has the mandate to report on disability issues, including the implementation of the NDSP2 and the CRPD.

Recommendation 2 – Undertake a comprehensive situation analysis and needs assessment that covers all provinces of Cambodia

This recommendation is intended to address the gap in knowledge regarding the situation of persons with all types of disabilities in all provinces/districts and what services and supports are needed and/or available to them. The analysis could examine mainstream sources of data collection and recommend more targeted questions, if required. The situation analysis could also utilize the network of trained OPDs at the sub-national level (as per Recommendation 1). It would not only facilitate the meaningful participation of persons with disabilities in issues that affect them, it would also provide a means for

a range of stakeholders – government, international agencies, NGOs and the donor community – to know what is happening in all parts of the country, and to target limited resources where the needs are greatest.

Recommendations for future programming contributions

Recommendation 3- Undertake and facilitate capacity development efforts aimed at strengthening national and subnational coordination mechanisms for increased coverage of persons with disabilities with social protection schemes across the country and stimulating dialogue towards more disability inclusive social protection policy. This recommendation should target both duty bearers (DAC members from the government, MoSAVY and MOPs, provincial governments) and right holders (DAC members from OPDs including CDPO, provincial ODPs and WWFs). The capacity development efforts should focus on improving understanding of disability inclusion in line with CRPD and NDSP 2, increased number of persons with disabilities benefiting from it and raising awareness among persons with disability about social protection. Capacity development would also stimulate more meaningful policy dialogue between RGC and OPDs on social protection in longer term. The recommendations will build on current work carried by RCG (e.g. MOSAVY, MoP) UNCT (e.g. UNDP, UNICEF) and main development partners (DFAT through ACCESS programme and EU).

This will also partially alleviate negative impact of Covid 19 and consequent economic hardships of the most vulnerable groups of persons with disability and hopefully simplify procedures for application and inclusion into these schemes.

Recommendation 4 -Enhance capacity of OPDs including women-specific OPDs - (Women with Disability Forums- WWF) and RGC to ensure meaningful participation of persons with disabilities in development, implementation and monitoring of policies. Women-specific OPDs - (Women with Disability Forums- WWF) capacity should be strengthened to empower women with disabilities to lead, gain self-confidence, develop and improve skills and actively participate in economic development process

The ongoing processes such as development and revisions of important legislations (e.g. new rights based Disability law, Child protection law, National Legal aid policy, Law on prevention of Domestic Violence and Protection of Victims, Law on Access to Information) are likely to have a huge impact on lives of persons with disabilities. Securing their meaningful participation and involvement in these processes could lead to standardizing of such practice in policy development in Cambodia in long term.

Support to WWF should address identified gap and increased vulnerability of women with disability compared to men. It should provide assistance to women with disabilities who experienced loss of income followed by loss of self-confidence, decreased ability to participate in economic life on equal terms, inability to provide proper care and education for their children, limited access to health services and hygiene products, low participation in decision making.

Recommendation 5- Provide support to OPDs and RGC (national and provincial including judiciary) and other stakeholders (e.g. private sector) in advocacy, monitoring of policies and enhancing access to information, justice and employment for all groups and types of persons with disability.

These areas have been identified as immediate priorities for persons with disabilities in interviews with OPDs

The multi stakeholder support approach should be provided including targeted support to duty bearers (MoInf, Ministry of Justice, Ministry of Labor), right holders (OPDs) and private sector.

Access to information-Conduct an information needs assessment of persons with disabilities which would look into the media and information consumption habits, policies and practices currently in place or missing related to making information accessible by the authorities, capacities of those responsible for providing information, and of the beneficiaries (OPDs). This should be followed by

capacity development efforts aimed at media, information officers (MoInf) and improving information literacy of OPDs.

Access to employment- in order to enable persons with disabilities to have better access to employment and enhance their skills and career advancement opportunities, support should be provided to improve accessibility of existing TVET training providers (infrastructures and methodologies, digital learning programs etc). Further assistance should be provided to National Employment Agency (NEA) to customize its services for persons with disabilities. Private sector actors should be encouraged to adapt their workplace to make it more accessible to persons with disabilities (including adaptation of working tools and methodologies) and legislation and guidelines on accessibility should be better implemented

Access to Justice- The successes achieved in the previous A2J UNPRPD funded joint programme in pilot provinces should be implemented throughout the country including working both with right holders and duty bearers. This should include supporting OPDs to monitor access to justice for persons with disabilities through capacity development and mentoring and further training of Provincial DACs, justice and law enforcement actors.

Recommendation 6-Support the creation of local associations (and eventually national) of persons who are deaf or have hearing impairment to secure that they are fully represented in the Cambodia's disability movement and strengthen their capacity to influence decisions and advocate for their interest. The associations will also assist in reaching persons who are deaf across the country and increase the literacy in sign language.

This recommendations addresses identified gap. According to NGOs working with deaf persons there are estimated 60 000 deaf people in Cambodia and only around 2000 (or 3%) can use sign language. The rest have almost no way of communication in society even within their own families. This is one of the most vulnerable groups of persons in Cambodia. At the moment, due to above mentioned reasons there is no local associations representing this group which means that the deaf persons in Cambodia are almost completely excluded.

Recommendation 7- Support the creation of a Cambodia-wide network to bring together OPDs and NGOs to facilitate capacity building and the sharing of information and experiences and services available

This recommendation responds to an identified gap; the absence of a forum where OPDs and NGOs can come together on a regular basis to share experiences and challenges, share information on available services for PwD and learn from each other. The facilitator of such a network, to be identified, should have the capacity to coordinate large numbers of people.

Recommendation 8- Support implementation of the COVID-19 Recovery Plan to address the impact on the rights and wellbeing of persons with disabilities and their access to services and include OPDS in recovery and response committees.

A COVID-19 Recovery Plan, closely linked to the NDSP2 to avoid duplication of efforts, has been developed in consultation with government authorities, CDPO and OPDs, as part of this project. The Recovery Plan responds to the seven impacts identified and brings together activities from broader plans and strategies. The DAC-SG will oversee implementation of the Recovery Plan. However, the DAC-SG will require additional support to facilitate effective implementation.

Recommendation 9: Explore options for a grants program to fund the delivery of services and supports by OPDs and national NGOs in all provinces of Cambodia

This recommendation responds to an identified gap that impacts on access to services and supports for persons with disabilities; the absence of a Cambodia-wide disability funding mechanism with multi-year grants to support OPDs and national NGOs to deliver needed services and supports that not accessible or available from mainstream providers within their target areas. The lessons learnt from

previous grants programs could inform the development of a new program. The funding mechanism should be administered by an entity with the capacity to support multiple small to medium sized projects, with administrative requirements that are not too burdensome on recipients.

Recommendation 10: Strengthen the capacity of all agencies within the UNCT to align UN programmes and policies in Cambodia with national priorities under National Disability Strategic Plan 2 (NDSP 2) and UN Disability Inclusion Strategy

Several UN agencies have broad experience in promoting disability inclusion with the RGC and other stakeholders. However, the capacities of all agencies within the UNCT could be strengthened in line with the United Nations Disability Inclusion Strategy This recommendation is intended to take advantage of unique position of UN agencies to lead by example and support Member States to ensure disability inclusion in efforts to not only achieve the SDGs but also COVID-19 recovery.

Recommendation 11- Increase the capacity of RGC, UNCT and OPDs to monitor NDSP 2 implementation and budget UN Disability Inclusion Strategy

NDSP 2 is the key national strategic plan for advancing the rights of persons with disabilities and implementation of CRPD. UNCT should use its convening power to facilitate dialogue, cooperation and ensure that all stakeholders contribute to better coordination, participate in monitoring of plan's implementation and suggest corrective actions when necessary.

The selection of the priority gaps to be addressed and consequent recommendations which will be included in the PRPD proposal took into account current interventions by the Royal Government of Cambodia, development partners and UN Agencies as to secure maximum synergy and address bottlenecks. In addition, the consultation with stakeholders (primary OPDs) revealed immediate priorities that can realistically be addressed having in mind current political, economic and development environment in Cambodia considering Covid pandemic. The proposed will strengthen the role and strategic position of UNCT in Cambodia to continue its efforts in advancing disability rights and mobilizing resources.



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